Wilson County Schools
Jeff Luttrell
Director of Schools

415 Harding Dr. Lebanon, TN 37087
Tel: (615) 444-3282
Fax: (615) 449-3858

Sick Leave Bank Enrollment Form

EMPLOYEE SOCIAL SECURITY NUMBER/EMPLOYEE #: _____

NAME_____
Last First Middle

ADDRESS_____
Street City/State Zip Code

SCHOOL OR DEPARTMENT _____

SCHOOL PHONE: _____ HOME/MOBILE PHONE: _____ Other: _____

I hereby apply for membership in the Wilson County Schools Sick Leave Bank. I acknowledge that I have read the Sick Leave Bank Guidelines and agree to abide by all stipulations as set forth therein.

By signing below, I further acknowledge the following:

- I have read and am aware of the provisions of the bank and do hereby contribute one (1) of my sick leave days.
- I have read and understand the provisions of the bank and hereby relieve the Wilson County School System from any liability as a result of any action by the Board of Trustees.
- I understand that the Sick Leave Bank Board of Trustees may assess an additional day or days after proper notice up to a maximum of three (3) days.
- I understand that this initial donation and subsequent assessments are non-refundable and non- transferable. I understand that cancellation of this authorization may only be made by written notice to the trustee and would thereafter be effective on the following June 30.
- I understand I must be a member 30 work days before I am eligible to receive any days.

_____ _____
Signature Date