



**Sick Leave Bank Application for SAFETY OFFICERS ONLY**

Name: \_\_\_\_\_ Employee ID# \_\_\_\_\_

Position: \_\_\_\_\_ Location: \_\_\_\_\_

**Membership**

Membership in the bank shall be obtained by authorizing the donation of two days of accumulated sick leave to the bank

**I fully understand that joining the sick bank requires a donation of 2 of my accumulated compensable days.**

- I wish to join the Sick Leave Bank by donating 2 of my accumulated days.
- I wish to drop out of the Sick Leave Bank. **(NOTED: donated days are not returned)**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Employee: Please return this form to the Human Resources Department by  
Wednesday, September 30, 2020.**

**\*\*\*\*\*Office Use Only\*\*\*\*\***

**Membership Approved:**        **Yes**                          **No**

**Membership Denied due to:** \_\_\_\_\_