JASPER CITY SCHOOLS

SICK LEAVE BANK MEMBERSHIP APPLICATION

Name: _____
(Please Print)

School/Site: _____

Please check only one of the following:

_____ I wish to join the JCS Sick Leave Bank and I authorize five (5) days to be taken from my sick leave account and deposited into the Sick Leave Bank.

_____ I wish to join the JCS Sick Leave Bank, but do not have the five (5) days accrued at this time. I hereby authorize the next five (5) earned days to be deposited in the Sick Leave Bank.

_____ I do not wish to join the Sick Leave Bank.

_____ _____
Employee's Signature Date

By signing the above, I authorize the transfer of days designated and agree to abide by the Sick Leave Bank guidelines.

Benefits of joining:

- Once an employee is approved for catastrophic leave, to donate days to a colleague or receive days from a colleague, you must be a member of the bank.
- As a member, you can borrow up to 15 days from the bank (which you pay back as you earn them).

*Information about the Sick Leave Bank is provided in the Employee Handbook on our website.

Please return this form to Nikki Shipman, Payroll Central Office