

APPLICATION TO JOIN THE SICK LEAVE BANK

1. Print Name: _____

2. Please check one of the following:

☐ I wish to join the DeKalb County School system's Sick Leave Bank and by my signature heron I authorize five (5) days to be taken from my personal account and deposited into the Sick Bank.

☐ As a new employee without the minimum number of days required to join the Sick Leave Bank I hereby request that the prerequisite number of sick leave days be transferred to the Sick Leave Bank enabling me to join.

☐ I wish to join the DeKalb County School System's Sick Leave Bank, but do not have the minimum five (5) day prerequisite; therefore, I authorize the transfer of five (5) future sick leave day earnings to be deposited into the bank.

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

Employee Signature: _____ Date: _____

By my signature listed above,
I authorize the transfer of the days designated
and agree to abide by the Sick Leave Bank Guidelines.