Scottsboro City Schools
Sick Leave Bank – Participation Form

I. Directions

Complete this participation form and submit it to the Payroll Clerk.

II. Employee's Printed Name _____

III. Last 4 Digits of SSN _____

IV. School _____

V. Position _____

VI. Selection (Choose one of the following)

☐ I wish to be a member of the sick leave bank, but do not have the 5 sick days to become a member. I hereby authorize the next 5 days earned to be placed in the sick leave bank.

☐ I wish to be a member of the sick leave bank and hereby authorize that 5 days from my sick leave account be placed in the sick leave bank. This will also enable me to participate in the catastrophic sick leave program.

☐ I do not wish to participate in the sick leave bank or the catastrophic sick leave program.

VII. Employee's Signature _____

VIII. Date _____