

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 days to be taken from my personal account and deposited into the 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 day prerequisite; therefore, I authorize the transfer of five future sick leave day earnings to be deposited into the Bank.
- I do not wish to join the Sick Leave Bank.

(Note: The Board of Education cannot give anyone five days to join the sick leave bank. However, the board is permitted to advance the five days needed for SLB membership to new or current employees who do not have the necessary five days to contribute to the SLB for membership. This five day advancement means that this employee will not accumulate sick leave days for the five months following their application.)

Employee's Signature: _____ Date _____

BY SIGNATURE ABOVE, I AUTHORIZE THE TRANSFER OF THE DAYS
DESIGNATED AND AGREE TO ABIDE BY THE SICK LEAVE BANK GUIDELINES.