

APPLICATION TO JOIN SICK LEAVE BANK

1. Print Name: _____

2. Please check only one of the following:

I wish to join the Wallace Community College Selma Sick Leave Bank and by my signature hereon I authorize five (5) 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 Wallace Community College Selma Sick Leave Bank, but do not have the minimum five day prerequisite; therefore, I authorize the transfer of five (5) future days earnings to be deposited into the Bank.

I do not wish to join the Sick Leave Bank.

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.