



Guntersville City Schools
Request and Authorization for Sick Leave Bank Participation by
Full-Time, Certified and Support Personnel

 Employees Name (Please Print)

 Social Security #

 School

Check the appropriate box

<input type="checkbox"/>	<p>I wish to be a member of the Guntersville City School Sick Leave Bank. I agree to follow all rules and regulations of the Sick Leave Bank.</p> <p>I understand that I am responsible for the repayment of all borrowed days from the Sick Leave bank and that in the case of my death my estate will be responsible for repayment of any days I owe the bank.</p> <p>I authorize that five (5) days from my personal sick leave account be placed on deposit in the Sick Leave Bank. I further authorize a release of a record number of sick leave days accumulated in my account to the SLB Committee as needed.</p> <p>I have read and understand all policies of the SLB</p>
<input type="checkbox"/>	<p>I am aware of the Sick Leave Bank opportunity and choose not to participate at this time. I have read and understand all policies of the SLB.</p>

 Signature of the Employee

 Date