

**APPLICATION FOR PARTICIPATION IN THE SICK LEAVE BANK**

**MARION COUNTY BOARD OF EDUCATION**

Hamilton, Alabama

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Please Print

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
School or Work Site

\_\_\_\_\_  
I wish to become a member of the School System's Certified Sick Leave Bank and hereby authorize that five (5) days from my personal sick leave account be placed on deposit with the SLB.

\_\_\_\_\_  
I do not wish to participate in the School System's SLB.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date