

**STAUNTON CITY SCHOOLS  
SICK LEAVE BANK  
ENROLLMENT FORM**

**Instructions:**

In order to enroll in our Sick Leave Bank, this form must be completed and returned to the Finance Department. You must agree to contribute 1 day of your available sick leave balance to the Sick Leave Bank. A copy of our Sick Leave Bank Policy is attached for your information.

**Application for Enrollment:**

I hereby apply for membership in the Staunton City Schools Sick Leave Bank. I understand that 1 day of my available sick leave balance will be deducted from that balance and transferred to the balance in the Sick Leave Bank. By signing below, I acknowledge receipt of a copy of the Staunton City Schools' Policy on the Sick Leave Bank, and that I have read and understand it.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
School or Location

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Number