

**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