



## ANNISTON CITY SCHOOLS

### AUTHORIZATION FOR SICK LEAVE BANK PARTICIPATION

Employee Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

School \_\_\_\_\_

\_\_\_\_ I wish to be a member of the Anniston City Schools Sick Leave Bank and hereby authorize that five (5) days from my personal sick leave account be placed on deposit in the Sick Leave Bank

\_\_\_\_ I wish to be a member of the Anniston City Schools Sick Leave Bank, but do not have five (5) days in my account at this time. I hereby authorize the next five (5) days earned for my account to be placed on deposit in the Sick Leave Bank

\_\_\_\_ I do not wish to participate in the Sick Leave Bank at this time

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

\_\_\_\_\_  
Date

**Open enrollment for Sick Bank is from July 1-August 31. The only exception is new employees who have 30 days to enroll from hire date. These dates also apply to canceling your Sick Bank Membership.**