

# Huntsville City Schools

## AUTHORIZATION FOR SICK LEAVE BANK PARTICIPATION

**Please Print**

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EMPLOYEE'S NAME

SOCIAL SECURITY NUMBER

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SCHOOL OR CENTER

Please check **ONE** of the following:

- I wish to join the Huntsville City Schools Sick Leave Bank and by my signature hereon I authorize five days to be taken from my personal account and deposited into the Bank.
- As a new employee without the minimum number of days required to join the Huntsville City Schools Sick Leave Bank, I hereby request that five days of sick leave be transferred to the Sick Leave Bank enabling me to join. These days will be repaid with sick leave days earned each month until the advance is repaid.
- I wish to join the Huntsville City Schools Sick Leave Bank, but do not have the five day prerequisite; therefore, I authorize the transfer of up to five future sick leave day earnings to be deposited into the Bank. These days will be repaid with sick leave days earned each month until the advance is repaid.

By my signature below I authorize the transfer of the days designated and agree to abide by the Sick Leave Bank Guidelines.

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EMPLOYEE'S SIGNATURE

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DATE