

SICK LEAVE BANK ENROLLMENT FORM

WINSTON COUNTY BOARD OF EDUCATION

Double Springs, Alabama

Enrollment period no later than the 15th of each month.

Employee Name: _____ Social Security #: ___/___/_____
Please Print

Name of School/Work Site: _____

Position: _____

- I wish to deposit five (5) days of my earned sick leave in the Certified Non-Certified Sick Leave Bank.
- I do not wish to participate in the Sick Leave Bank

EMPLOYEE SIGNATURE

DATE

