

MOUNTAIN BROOK SCHOOLS

Authorization for Sick Leave Bank Participation By Full-Time Personnel

(Please Print)

EMPLOYEE'S NAME

SOCIAL SECURITY NUMBER

SCHOOL

_____ I wish to be a member of the Mountain Brook Schools Sick Leave Bank and hereby authorize that two (2) days from my personal sick leave account be placed on deposit in the Sick Leave Bank.

Check One: Support Staff _____
Certified Staff _____

_____ I do not wish to participate in the Sick Leave Bank.

SIGNATURE OF EMPLOYEE

DATE

Note: Keep a copy of this completed form for your records and return a copy to the central office.