

**SICK LEAVE BANK ENROLLMENT FORM**

\_\_\_\_\_  
EMPLOYEE NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
SCHOOL/DEPARTMENT

\_\_\_\_\_  
JOB TITLE

I hereby verify that I wish to participate in the Sick Leave Bank Program of the Birmingham City School System. I authorize that two (2) days from my sick leave balance be placed on deposit in the Sick Leave Bank.

*Current employees **ONLY**: You must have a balance of four (4) sick leave days at the time of enrollment to be eligible for Sick Bank Membership.*

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
DATE

**Open enrollment:**

**August 1<sup>st</sup> – September 15<sup>th</sup> of each year**

**All applications received after September 15<sup>th</sup> will NOT qualify for participation, unless you are a new employee completing the new hire packet.**

**Return Form To:  
Human Resources  
ATTN: Della Matthews**