

RHEA COUNTY SCHOOLS
FORM FOR ENROLLING
IN THE SICK LEAVE BANK

TO: Finance Department, Superintendent's Office

I, _____ SSN _____
Last name First name MI

authorize the transfer of one (1) day from my sick leave to the Employee Sick Leave Bank. This authorization will also serve for future transfer as requested by the Sick Leave Bank Committee.

I understand that only full-time employees are eligible for the initial enrollment. I further understand and agree to the provisions of the employee Sick Leave Bank and relieve the Rhea County School System and the Sick Leave Committee Members of any liability resulting from action by the Employee Sick Leave Bank Committee Members.

Employee's Signature _____ Date _____

Employee's Position and Location _____