



Enrollment



Verification of Authorization
For **Participation** Sick Leave Bank
By Full-Time Personnel

I hereby verify that I wish to participate in the Sick Leave Bank Program of the Bessemer City School System. I authorize that three (3) days from my personal sick leave balance be placed on deposit in the Sick Leave Bank.

Employee's Name

Social Security Number

School or Facility

Position

Signature of Employee

Date

Send this form to: ***Bessemer City Board of Education***
Human Resources Department
1621 5th Avenue North
Bessemer, AL 35021

For Human Resources Department Use Only

Employee Hire Date _____

Form Received By _____ Date _____

Created 5/2014