

**AUTHORIZATION FOR SICK LEAVE BANK
PARTICIPATION**

**FULL-TIME EMPLOYEE OF BALDWIN COUNTY BOARD OF
EDUCATION**

EMPLOYEE NUMBER _____

LAST 4 of SSN _____

EMPLOYEE'S NAME (Please print)

POSITION

SCHOOL/SITE

☐ I wish to be a member of the Baldwin County Board of Education Sick Leave Bank and hereby authorize that one (1) day or the next one (1) earned day of Sick Leave from my personal sick leave account be placed on deposit in the Sick Leave Bank. I have received a copy of the Guidelines for the Baldwin County Sick Leave Bank and hereby agree to comply with the guidelines as printed.

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

SIGNATURE

DATE