

ITALY ISD SICK LEAVE BANK

ENROLLMENT FORM

Please complete the areas below and return your form to Danette Dearing in the district administration office. Deadline for enrollment is September 30.

Link to [Board Policy regarding Sick Leave Bank](#)

Print Name _____

Current Position _____

Date _____

Are you a new employee? _____ Yes _____ No

_____ I DO wish to enroll in the Sick Leave Bank. Please transfer two of my local personal leave days to the Bank. I agree to the terms of membership and with the Bank regulations and guidelines.

Signature

Date
