

Choctaw County Board of Education

APPLICATION TO JOIN SICK LEAVE BANK

1. Name: _____

2. Please check only one of the following:

- ☐ I wish to join the Choctaw County Education Association Sick Leave Bank and by my signature hereon, I do authorize five (5) days to be taken from my personal account and deposited into the Bank.
- ☐ I wish to join the Choctaw County Education Association Sick Leave Bank, but I do not have the requisite number of days available to join. Therefore, I would like to borrow five (5) days, with the understanding that they will be repaid one day per month, until the debt is satisfied.
- ☐ I do not wish to join the Sick Leave Bank.

Employee Signature: _____ Date: _____

By signing above, I do authorize the transfer of the designated days and agree to abide by the Sick Leave Bank Guidelines.