

**CLAY COUNTY BOARD OF EDUCATION
SICK LEAVE BANK**

Application for Membership

I authorize the Clay County Board of Education to deduct two (2) sick leave days from my total accumulated sick leave days and to assign it to the Clay County Schools Sick Leave Bank.

In addition, I authorize the Board of Trustees of the Sick Leave Bank to assess the deduction of a maximum of two (2) additional days each year when the amount of days in the bank falls below one hundred eighty (180) days.

I further authorize the Board of Trustees of the Sick Leave Bank to inspect my sick leave record during my term of employment in the event that I should apply to withdraw days from the Sick Leave Bank.

It is understood that contributions to the Bank will not reduce the sick leave days without cause to which an employee is entitled.

I understand that once I have donated days to the Bank, I am unable to reclaim them in any way other than meeting the criteria through the prescribed application process for extended illness/injury.

I understand that I must be an active member (employee application has been accepted and days have been contributed to the bank) prior the serious injury or physician’s diagnosis of a catastrophic medical condition in order to be eligible to receive days from the Sick Leave Bank.

I have read and do understand the Clay County Schools Sick Leave Bank Policy and Operating Procedures.

Name _____ Telephone _____

Address _____ Zip _____

Employee ID # _____ Date of Employment _____

Current Employment Location _____

Signed: _____ Date _____