

# Madison City Schools



## Authorization for Sick Leave Bank Participation

Name: \_\_\_\_\_  
Last First Middle

School: \_\_\_\_\_

Position: \_\_\_\_\_

\_\_\_\_\_ I wish to become a member of the Sick Leave Bank and hereby authorize that three (3) days from my personal sick leave account be placed in the Bank.

\_\_\_\_\_ I wish to become a member of the Sick Leave Bank, but do not have the three (3) days in my account to become a member. I hereby authorize the next three days earned to be placed in the Bank.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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(for office use only)

### APPROVAL:

\_\_\_\_\_  
Sick Leave Bank Chairperson

\_\_\_\_\_  
Date