## SICK LEAVE BANK FOR CERTIFIED EMPLOYEES OF THE BATH COUNTY SCHOOL SYSTEM DEPOSIT AUTHORIZATION

(Name)	(Job Title)
assigned to	·············
	(Location)
Social Security Number	do hereby voluntarily agree to
contribute: 1 or 2 days of	my accumulated sick leave days to the Bath
County Certified Employees Sick Le	ave Bank.
I understand that this will qualify naccording to approved procedures.	ne to apply for days from the Sick Leave Bank
I understand that I must have at le beginning of the school year in orde	ave 10 days of accumulated sick leave at the er to enroll.
I understand that my accumulated number of days I donate.	sick leave account will be reduced by the
I understand that I must apply to the Sick Leave Bank.	ne Sick Bank Committee to use days from the
I understand that I must have used personal leave days before I may a	all my accumulated sick leave days and pply to the Sick Leave Bank.
I understand that these days are no	ot returnable or transferable.
I understand that this form authorized and must be completed each year to	zes the deduction marked above for one year hat I choose to contribute.
	Signature
	•
	Date