

**SICK LEAVE BANK ENROLLMENT FORM**

**WINSTON COUNTY BOARD OF EDUCATION  
Double Springs, Alabama**

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Enrollment period no later than the 15th of each month.

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Please Print

Name of School/Work Site: \_\_\_\_\_

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

- I wish to deposit five (5) days of my earned sick leave in the  Certified  Non-Certified Sick Leave Bank.
- I do not wish to participate in the Sick Leave Bank

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

