

**SICK LEAVE BANK APPLICATION**

**PS-146**

**SUMTER COUNTY SCHOOLS  
SICK LEAVE BANK APPLICATION AND AUTHORIZATION FOR CONTRIBUTION**

Please return this form to the Sumter County Schools Finance Department when completed.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
School or Cost Center

\_\_\_\_\_  
Social Security Number

Position: Teacher\_\_\_\_ Non-Instructional\_\_\_\_ Administrative, Supervisory, Confidential \_\_\_\_

1. I hereby declare my participation in the Sumter County Schools Sick Leave Bank. I have been employed by the Sumter County School Board for at least one (1) year and have accrued at least five (5) sick leave days.
2. I hereby declare my contribution of one (1) sick leave day to the Sick Leave Bank understanding that day shall be removed from my personally accumulated sick leave balance.
3. I understand that, if I should withdraw from the Sick Leave Bank, I shall forfeit any sick leave already contributed.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Notice: All participating members shall be required to contribute an additional accrued day each time the bank falls below a 20 day balance (maximum twice per year). Membership in the Sick Leave Bank is voluntary. See Contract for Bank provisions.