



**SUMTER COUNTY
SCHOOL DISTRICT**

**SICK LEAVE BANK APPLICATION and
AUTHORIZATION FOR CONTRIBUTION**

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

Employee Name

School or Cost Center

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.