SICK LEAVE BANK
MEMBERSHIP APPLICATION

Employees Name: _____

Last 4 Digits of SSN: _____ Phone Number: _____

Mailing Address: _____

Work Location: _____

I understand and acknowledge the following:

- My membership is voluntary.
- I have been employed by LCS in a full-time regular position for at least twelve consecutive (12) months.
- I have accrued at least ten (10) unused sick leave days, (not including the current year's upfront time).
- **I must contribute one (1) sick leave day to the bank to enroll and begin membership.**
- **I must contribute an additional day of sick leave at each time(s) the Sick Leave Bank's balance drops below 200 days.**
- The sick leave day donated to the Bank will not be returned to me except as provided for under the provisions of the Sick Leave Bank Program.
- I shall not be eligible to use sick leave from the Bank until after I have been a member for six (6) months.
- I may withdraw my membership upon written notification to the Benefits Department.
- DROP participants must have accrued at least ten (10) unused sick leave days (not including the current year's upfront time).
- Employees who have used the sick leave bank in the past must have accrued twenty-two (22) days of unused sick leave (not including the current year's upfront time).

I hereby authorize Leon County Schools (LCS) to deduct one (1) day of my sick leave as my initial enrollment in the Leon County Schools Voluntary Sick Leave Bank (Bank). I further authorize an additional day of deduction at such time(s) the Sick Leave Bank balance of days drops below 200 days. Prior to such deduction, I understand that I will be given an opportunity to withdraw from the Bank should I desire.

_____ _____

Employee's Signature Date