

SICK LEAVE BANK APPLICATION FORM

I hereby make application for membership in the Salem City Schools employee's sick leave bank for which I am eligible. I have read the Sick Leave Bank Policy and understand and accept the conditions under which the bank is to be established, operated, and maintained.

Please print all information.

NAME _____
(Last) (First) (Maiden/Middle)

EMPLOYEE ID NUMBER _____

SCHOOL NAME OR OFFICE LOCATION _____

POSITION OR ASSIGNMENT _____

BEGINNING DATE OF EMPLOYMENT _____

SIGNATURE _____ DATE _____

Return Completed Application To:

Director of Business
Salem City Schools
510 South College Avenue
Salem, Virginia 24153

APPROVED BY: _____
(Signature of Director of Business) (Date)

SALEM CITY PUBLIC SCHOOLS