



SICK LEAVE BANK MEMBERSHIP FORM

Name of Applicant _____

I willing donate 2 days to the Sick Leave Bank of the Gooding Joint School District #231. These days are to be used at the discretion of the Sick Leave Bank Committee, which are appointed per policy. I relinquish all rights to these days and will not request their return or transfer to me at any future time.

By signing this form, I agree to all the policies and procedures of the sick leave bank

Signature of Employee

Date

*****Please return to this form to the Human Resource Department upon completion*****

For Office Use Only:

Date Received: _____