

**TATTNALL COUNTY SCHOOL SYSTEM  
SICK LEAVE BANK  
MEMBERSHIP APPLICATION**

Employee: \_\_\_\_\_ S. S. # \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position with the Tattnall School System: \_\_\_\_\_

School or Place of Assignment: \_\_\_\_\_

I certify that I am aware of the provisions of the sick leave bank and understand that as a requirement of membership I waive my rights to use Policy GAE to challenge a decision of the Board of Trustees. I also understand that I must donate one day of sick leave to the bank as a requirement of membership. My membership in the sick leave bank will continue until I make a written request for a withdrawal during open enrollment, September 1 - November 1.

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Date

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**For Office Use Only**

**Verification of Eligibility for Membership:**

- \_\_\_\_\_ 1. Is the applicant a full-time employee who is eligible for sick leave?
- \_\_\_\_\_ 2. Was application for membership made during the open enrollment period, Sep. 1 - Nov. 1?
- \_\_\_\_\_ 3. Is the employee in his/her third(or later year) of employment with the Tattnall County School System and does he/she have a minimum of 20 sick leave days accumulated?

**Membership in the Sick leave Bank is:**

\_\_\_\_\_ approved.

\_\_\_\_\_ not approved.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date