

DENVER CITY INDEPENDENT SCHOOL DISTRICT
Denver City, Texas

SICK LEAVE BANK MEMBERSHIP APPLICATION

A response is necessary only if an employee wishes to join.

I have read the rules and regulations concerning the Sick Leave Bank benefits and desire to participate by donating to the bank three (3) of my accrued, or to be earned this year, local leave days.

I understand that pregnancy is not covered by the Sick Leave Bank.

I understand that these three (3) days, once donated to the bank to become a member, will be subtracted from my accrued, or to be earned this year, local leave days available. All donations to the bank become the property of the bank and cannot be returned even upon cancellation of membership.

My authorization to place three (3) local leave days in the Denver City ISD Sick Leave Bank and deduct three (3) days from my accrued, or to be earned, leave is verified by my signature and the information below:

Employee _____

Social Security No. _____

Campus/Dept. _____

Assignment/Position _____

Length of time employed by DCISD _____ Years

Signature _____ Date _____

Please return this form to the administration building.