

**SICK LEAVE BANK  
AUTHORIZATION FORM**

**2011-2012**

**To Whom It May Concern:**

I, \_\_\_\_\_, wish to be a participant in the Mountain Home School District Certified Sick Leave Bank and authorize the school to transfer the appropriate number of days from my accumulated sick leave account into the bank.\*

I understand that the days transferred to the sick leave bank will not be returned to my account at any time. I understand that according to policy an additional day from my personal sick leave bank may be donated to the district wide bank in the event the sick leave bank's balance falls to a minimum of 25 days. As long as my membership form is on file it serves as permission to replenish the sick leave bank with an additional donated day. If my sick leave bank has no more earned sick days to contribute to replenish the sick leave bank, my membership will cease until the earned day can be contributed. Any days contributed to the sick leave bank, will not be returned to me if I elect to cease membership to the sick leave bank.

I, \_\_\_\_\_, do **NOT** wish to participate in the certified sick leave bank.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\*Participants shall contribute one(1) day of earned sick leave per school year, except when a balance of 400 days are carried forward in the sick leave bank from the previous school year. Unused sick leave days from the current year will carry forward to the next year.