

CITY OF WAYNESBORO

SICK LEAVE BANK MEMBERSHIP/WITHDRAWAL

INSTRUCTIONS: Check the applicable category, sign this form and return it to Human Resources. A leave deduction of 8 or 24 hours is required when renewing/joining the Sick Leave Bank.

(Please print)

NAME: _____

DEPARTMENT: _____

MUNIS ID: _____

RENEW MEMBERSHIP I request to renew membership in the Sick Leave Bank and authorize the deduction of 8 hours of sick leave or annual leave (if no sick leave is available) as a membership fee.

NEW MEMBERSHIP I request membership in the Sick Leave Bank and authorize the deduction of 24 hours of sick leave or annual leave (if no sick leave is available) as a membership fee. I understand that an 8 hour levy may be required each year to maintain my membership.

I agree to adhere to the Sick Leave Bank Policy and I understand that by joining the Sick Leave Bank I am eligible to apply for the benefits associated with this policy, but I am not guaranteed that all requested hours will be granted.

Signature

Date

Witness

Date