

BEVILL STATE COMMUNITY COLLEGE  
SICK LEAVE BANK ENROLLMENT FORM

Please place an "X" in the appropriate blank

\_\_\_\_\_ I would like to become a member in the Sick Leave Bank. I understand five (5) days will be deducted from my personal accumulated sick leave days and placed in the "Bank."

\_\_\_\_\_ I do not wish to become a member in the Sick Leave Bank.

\_\_\_\_\_ Name

\_\_\_\_\_ Employee ID Number

\_\_\_\_\_ Date

Return this completed form to the Sumiton Campus Payroll Office.

At appropriate intervals elections will be held so that "Bank" members have the opportunity to select representatives to administer the guidelines established by the bank.