



Central Alabama Community College

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**AUTHORIZATION FOR  
SICK LEAVE BANK PARTICIPATION**

Employee Name: (please print) \_\_\_\_\_

Please initial your selection:

\_\_\_\_\_ I would like to become a member of the Sick Leave Bank and hereby authorize five (5) days from my sick leave account to be placed in the Sick Leave Bank.

\_\_\_\_\_ I would like to become a member of the Sick Leave Bank, but I do not have five (5) days in my sick leave account to become a member. I hereby authorize the next five (5) days of sick leave earned to be placed in the Sick Leave Bank.

\_\_\_\_\_ I do not wish to participate in the Sick Leave Bank.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return the completed form to Payroll for processing.*