



**Department of Youth Services School District
Authorization for Sick Leave Bank Participation**

_____ I wish to be a member of the Department of Youth Services School District Sick Leave Bank and hereby authorize that two (2) days from my leave account be placed on deposit in the Sick Leave Bank.

_____ I wish to be a member of the Department of Youth Services School District Sick Leave Bank, but do not have two (2) days in my account at this time. I hereby authorize the next two (2) earned days of leave for my account to be placed on deposit in the Sick Leave Bank.

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

Signature of Employee: _____ Date: _____

Signature of Designated Agent: _____ Date: _____