

GADSDEN STATE COMMUNITY COLLEGE

SICK LEAVE BANK

ENROLLMENT FORM

**RETURN FORM TO: SICK LEAVE BANK
C/O PAYROLL OFFICE**

PLEASE PRINT

EMPLOYEE'S NAME _____

A NUMBER _____

I hereby request membership in the Gadsden State Community College Sick Leave Bank. I understand that I must contribute five (5) sick leave days to the bank to participate.

SIGNATURE

DATE

FOR OFFICE USE ONLY

Current Number of Sick Leave Days _____

Committee Approval Date _____