

Dr. R. Bradley Brown, Executive Director– Division of Human Resources

**HALL COUNTY PUBLIC SCHOOLS – SICK LEAVE BANK  
 APPLICATION FOR MEMBERSHIP**

Name				
	First	Middle	Last	Date
Employee ID Number	Social Security Number:			
Address				
Telephone	(       )			
Position				
Location				

Statement of Membership

- I hereby apply for membership in the Hall County Public Schools "Sick Leave Bank."
- As a condition of membership, I agree to have one (1) day of my accumulated sick leave deducted and placed in the "Sick Leave Bank."
- It is recognized that this contribution, as well as any further deductions, shall be considered an absence but will not affect my "Attendance Incentive Pay," should I be eligible for such an award.
- Furthermore, I have read and understand all policies governing the Hall County Public Schools "Sick Leave Bank" and agree to adhere to all its provisions, including relieving the "Committee of Trustees," the Superintendent of Schools, and/or the Board of Education from any liability as a result of action taken by the "Committee of Trustees."

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

Submit original application to Gay Waters, Accounting Department, at Central Office before September 30<sup>th</sup>.

A copy will be returned after approval or denial of membership.

For Central Office Use	
Enrollment Approved	
Enrollment Denied	
Effective Date of Membership	