

MADISON COUNTY PUBLIC SCHOOLS
60 School Board Court
Madison, Virginia 22727

Sick Leave Bank Enrollment Form

Employee Name: _____
(Last) (First) (Middle)

Position: _____

School/Location: _____

Statement of Enrollment: This form is used to establish membership in the voluntary Sick Leave Bank for all full-time employees in Madison County Public Schools. The completion and return of this form to your building principal, direct supervisor or to the School Board Office between September 1 and October 1 of the current year assures your enrollment in the bank. You will have three (3) accrued sick leave days subtracted from your present accumulated sick leave total. Those three days will be donated to the bank and are non-refundable.

Employee Signature: _____

Date: _____