

**Rio Grande City Consolidated Independent School District**

**MEMBERSHIP APPLICATION FOR SICK LEAVE BANK  
(TO BE COMPLETED BY RIO GRANDE CITY C.I.S.D. EMPLOYEES NOT  
CURRENTLY MEMBERS OF THE SICK LEAVE BANK)  
2009-2010**

Name of Employee: \_\_\_\_\_

(Type or Print FULL Name)

Social Security Number: \_\_\_\_\_

Campus/Department: \_\_\_\_\_ Position: \_\_\_\_\_

**Declaration:**

**I have read the guidelines for the administration of the Sick Leave Bank for Rio Grande City Consolidated Independent School District and agree to abide by them.**

**INTERESTED IN PARTICIPATION:**

\_\_\_\_\_ I wish to participate in the Sick Leave Bank by donating \_\_\_\_\_ days of my **available local sick leave**. I understand that all donations to the Sick Leave Bank become the property of the Bank and cannot be returned even upon cancellation.

\_\_\_\_\_ I wish to participate in the Sick Leave Bank by donating \_\_\_\_\_ days of my **available state sick leave**. I understand that all donations to the Sick Leave Bank become the property of the Bank and cannot be returned even upon cancellation.

NOTE: A **total** of two (2) or more days must be donated in order to be a member of the Sick Leave Bank.

**NOT INTERESTED IN PARTICIPATION:**

\_\_\_\_\_ I am **NOT** interested at this time in becoming a member of the Rio Grande City C.I.S.D. Sick Leave Bank.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**PLEASE RETURN COMPLETED APPLICATION TO YOUR IMMEDIATE SUPERVISOR WHO WILL FORWARD IT TO THE OFFICE OF HUMAN RESOURCES. (PLEASE KEEP COPY FOR YOUR PERSONAL FILE)**