

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)
2011-2012**

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)