

HAMPSHIRE COUNTY SCHOOLS
Personal Leave Bank
Membership Form

Please check one:

_____ I wish to participate in the Personal Leave Bank
_____ I do not wish to participate in the Personal Leave Bank

Name

Employee ID Number

City, State, Zip

Home Telephone

Address

Home School & Position

I wish to become a member of the Hampshire County Personal Leave Bank. I agree to voluntarily contribute the required number of days from my accumulated sick leave as specified by the rate schedule below, relinquishing all claims to said days. I understand the rules and regulations of the personal leave bank policy.

Five to 60 days of accumulated sick leave – 2 days; 61 to 120 days of accumulated sick leave – 1 ½ days; 121 to 180 days of accumulated sick leave – 1 day; 181 or more days of accumulated sick leave – ½ day.

Accumulated Sick Leave Days

Number of days contributed to date

Date

Employee's signature

Witness of signature