

*ENTERPRISE CITY SCHOOLS*  
OFFICE OF SUPERINTENDENT  
220 HUTCHINSON STREET  
ENTERPRISE, ALABAMA 36330

SICK LEAVE BANK  
MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_

\_\_\_\_\_ I wish to be a member of the Enterprise City Schools' Sick Leave Bank and hereby authorize the transfer of three(3) days from my sick leave account to be deposited in the bank.

\_\_\_\_\_ I do not wish to participate in the Enterprise City Schools' Sick Leave Bank.

Signature \_\_\_\_\_

School \_\_\_\_\_

Date \_\_\_\_\_

NOTE: Enrollment in the Sick Leave Bank can only be done at employment, in the month of January or the month of September.