

Sick Leave Bank Donation

Name: _____

School: _____

I hereby authorize Humphreys County Board of Education to assess two (2) days from my accumulated sick leave days to be donated to the Sick Leave Bank. I further understand this entitles me to membership in and privileges of the said Sick Leave Bank as outlined by the Humphreys County Memorandum of Agreement. I likewise recognize that the said donation cannot be reclaimed upon withdrawal from the Sick Leave Bank.

Signature

Date