

SICK LEAVE BANK ENROLLMENT FORM
RUSSELL COUNTY BOARD OF EDUCATION
Phenix City, Alabama



Enrollment period no later than 10 days before the end of the current payroll period.

Employee Name: _____ Social Security #: ____/____/_____
Please Print

Name of School/Work Site: _____

Position: _____

- () I wish to deposit two (2) days of my earned sick leave in the Sick Leave Bank.
- () I do not wish to participate in the Sick Leave Bank.
- () I am already enrolled in the RCBOE Sick Leave Bank.

EMPLOYEE SIGNATURE

DATE