

COASTAL ALABAMA COMMUNITY COLLEGE
SICK LEAVE BANK
ENROLLMENT FORM

EMPLOYEE'S NAME _____

EMPLOYEE NUMBER _____

I hereby request membership in the Faulkner State College Sick Leave Bank. I understand that I must contribute five sick leave days to the bank to participate. I also understand that if I have less than five sick days on the books as of this date, the sick leave bank committee must approve this application for membership. If approved, the days earned will go into the sick leave bank until five days have been contributed.

SIGNATURE

DATE

FOR OFFICE USE ONLY

CURRENT NUMBER OF SICK LEAVE DAYS _____

COMMITTEE APPROVAL DATE _____