

Verification of Authorization  
For **Participation** Sick Leave Bank  
By Full-Time Personnel

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
School or Office Work Site

I hereby verify that I wish to participate in the Sick Leave Bank Program of the Jefferson County School System. I authorize that five (5) days from my personal sick leave balance be placed on deposit in the Sick Leave Bank.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

Send this form to: Jefferson County Board of Education  
Human Resources Department  
2100 18<sup>th</sup> Street South  
Birmingham, AL 35209

9/5/2003