



3060 Wilson Road, SW
Birmingham, Alabama 35221

Sick Leave Bank Enrollment Form

Name

Employee #

Department

Supervisor

I hereby authorize Lawson State Community College to transfer a total of five (5) sick leave days from my personal sick leave balance to the College's Sick Leave Bank. I understand that these days are to be returned to my personal account upon written request for withdrawal from the Sick Leave Bank or for other purposes as described in the Bank Guidelines.

(Employee's Signature)

(Date)

c: Payroll Accountant
Committee Members