

**Harrisonburg City Public Schools**  
**SICK LEAVE BANK APPLICATION FORM**

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I hereby make application for membership in the Harrisonburg City Schools employees' sick leave bank for which I am eligible. I have read and understand the conditions under which the bank is established, operated, and maintained as identified in Policy 627. I understand that I have the option to withdraw from participation, with written notification, prior to September 15 of each year.

I have read the attached Policy 627, Sick Leave Bank, and do not wish to participate at this time. I understand I may enroll during the next open enrollment.

Please print all information below:

Name: \_\_\_\_\_

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

School or Office Location: \_\_\_\_\_

Beginning Date of Employment: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please return this completed application to the payroll department.