

MONTGOMERY COUNTY
SICK LEAVE BANK AUTHORIZATION FORM

TO: F. Craig Meadows, County Administrator

SUBJECT: Sick Leave Bank

I, _____, wish to participate in the Montgomery County Sick Leave Bank. In order to participate, I understand that I must donate one (1) month's sick leave accrual (10 hours) to the Bank. I understand that I may not use from the Bank for six (6) months after joining. This donated time will remain with the Sick Leave Bank if I withdraw from the Bank at some future date or when I leave the County's employment.

With this signed statement I am authorizing the Human Resource Office to take ten (10) hours from my sick leave accruals. I understand that I must submit a written request to be withdrawn from the Sick Leave Bank and to utilize leave from the Bank.

Employee Signature

Position/Department

Date: _____

Cc: Karen Edmonds, Human Resources Director

