

SICK LEAVE BANK APPLICATION FORM

I hereby make application for membership in the Scott County Public School Employee's Sick leave Bank. I have read and understand the conditions under which the Bank is to be established, operated, and maintained.

I understand that I must make application to use this benefit.

Please print all information in this block.

(Last)	(First)	(Middle/Maiden)
Name:		
School Name or Office Location:		
Position or Assignment:		
Beginning Date of Employment:		
Signature:		
Date:		

Return completed application to:

Scott County Public Schools
340 East Jackson Street
Gate City, VA 24251
Attention: Vickie Lane