

FRENSHIP INDEPENDENT SCHOOL DISTRICT

P.O. Box 100
Wolfforth, Texas 79382

Sick Leave Bank Membership Application

A response is necessary only if an employee wishes to join.

I have read the Frenship ISD Sick Leave Bank Guidelines and desire to participate by donating to the FISD SLB one (1) of my accrued, or to be earned this school year, **local personal leave** days.

I understand that this one (1) day, once donated to the Bank in order to qualify my membership into the FISD SLB, will be subtracted from my accrued, or to be accrued this year, local personal leave days available. All donations to the Bank become the property of the FISD SLB and cannot be returned – even upon cancellation of my membership with the FISD SLB.

My authorization to deduct one (1) day from my accumulated local personal leave and to donate one (1) local personal leave day into the Frenship ISD Sick Leave Bank and is verified by my signature and the information below.

EMPLOYEE: _____
(Please print full name)

Social Security Number (last 4 digits only): xxx -xx - _ _ _ _

Position/Assignment: _____ Campus: _____

Length of time employed by FISD: (# Years) _____

Employee requesting membership signature: _____

Date of Application: _____

You must return this form to your campus secretary or campus SLB representative

No Later than September 19, 2014

