## KING GEORGE COUNTY PUBLIC SCHOOLS SICK LEAVE BANK APPLICATION FOR ENROLLMENT

Name:			
	(Last)	(First)	(Middle)
School:			
Position:			
and agree wit	th all the limitations ar		I Sick Leave Bank By-Laws nd that I must contribute one in the Sick Leave Bank.
S	Signature		Date
	will not be participatin 3ank	g in the King George Co	unty Schools Sick Leave
5	Signature		Date
	For Payroll Us	se Only: Eligibility Veri	fication
This person applying for membership in the King George County Public Schools Sick Leave Bank is a full-time employee and has one sick day to contribute.			
-	Yes	No Initial	l