



## Meriwether County School System

### Sick Leave Bank

## MEMBERSHIP FORM

I wish to become a member of the Meriwether County School System Sick Leave Bank and I authorize the deduction of three (3) days leave from my sick leave balance, I am either a part-time (20 + hrs a week) or full-time employee.

\_\_\_\_\_  
**Name (Please Print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Job Location**

\_\_\_\_\_  
**Hire Date**

**Ref: Meriwether County Board of Education Policy GBRIB (1)**

I acknowledge that I am aware of the provisions of the Sick Leave Bank Policy and I release the Committee of Trustees, the Superintendent, and/or the Board of Education from any liability as a result of actions taken by the Committee of Trustees.

\_\_\_\_\_  
**Signature**

**Meriwether County School District is committed to do *whatever it takes* for all students to aim high, achieve, graduate, and succeed.**