Madison County **HR**
Shaping the future together

100 NORTHSIDE SQUARE
HUNTSVILLE, AL 35801
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Sick Leave Bank Enrollment

To Authorize Sick Leave Bank Participation

Employee Information

Full Name:		Employee Number:	
Department:	Job Title:		
Address:	City:	State:	ZIP:

Please check all boxes:

☐ I would like to enroll in the Madison County Sick Leave Bank and I hereby authorize Madison County to transfer 8 hours of my accrued Sick Leave to the Sick Leave Bank.

☐ I understand that the 8 hours is not revocable but will remain in the Bank for use by eligible recipients. Membership in the Sick Leave Bank affords me the opportunity to request leave time should I be faced with a catastrophic medical emergency.

☐ I understand that I may withdraw my membership at any time. Should I withdraw my membership, I understand that I will not be able to renew my membership until the designated enrollment period.

Employee Signature:	Date: