

Lawrence County Sick Leave Bank Membership Form

I, _____, wish to become a member of the Lawrence County Sick Leave Bank. I authorize the deduction of two (2) of my accumulated sick leave days. I realize that these days are nonrefundable and nontransferable. I have read and understand the policies of the Lawrence County Sick Leave Bank.

_____ Your Name (Print)

_____ Where you teach

_____ Your Signature

Sponsored by the Lawrence County Education Association