

# Jasper County Charter System

## Sick Leave Bank Membership Enrollment Form

Full-time employees of the Jasper County Charter System may become a member of the Sick Leave Bank (SLB) after one (1) full year of employment and (5) days of leave accumulated by the end of their first year of employment. The defined open enrollment period for joining the SLB is during August of each school year. To apply for enrollment, eligible employees must complete and sign the bottom portion of this form. Members will donate two (2) days of accumulated sick leave in the first year upon approval of membership. No more than two (2) days per year will be donated thereafter. The Sick Leave Bank Committee may decrease or suspend the annual donation depending upon the accumulated reserves of sick leave contained within the bank.

In terms of yearly contributions, if a member does not have a day(s) to contribute to the SLB as of July 1, the day(s) will be contributed as that day becomes available. Days contributed to the SLB are subtracted from the number of days the contributing member has accumulated and these days are not refundable. Membership with the SLB will be considered continuous unless a written resignation is received by the SLB Committee. If a SLB member resigns membership, contributed days will not be refunded or transferred, and re-entry to the SLB will not be considered. If a member leaves employment with Jasper County Schools and then returns, membership may be re-established by re-enrollment. If for any reason the SLB should be abolished, all remaining days in the SLB shall be divided equally among current members.

### MEMBER AGREEMENT

I have read, understand, and fully agree to comply with the above provisions of the SLB and the board's policy concerning the Professional Personnel Sick Leave Bank, Policy GBRIB(1), which is available through the eBoard link on the Jasper County Charter System website. I acknowledge that it is my responsibility to familiarize myself with this policy prior to applying for membership.

I hereby donate two (2) of my sick leave days to the SLB to establish membership and understand that additional days may be taken according to guidelines above. I understand that these days are not refundable or transferable. Further, I understand that this membership is considered continuous unless I submit a written resignation of membership to the SLB Committee.

I relieve the Sick Leave Bank Committee members and the Jasper County Charter System, its employees, agents, or representatives from any liability resulting from action taken by the SLB Committee.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**RETURN COMPLETED FORM TO THE JASPER COUNTY SCHOOLS PERSONNEL/PAYROLL DEPARTMENT  
BETWEEN SEPTEMBER 1 AND SEPTEMBER 30. LATE APPLICATIONS WILL NOT BE ACCEPTED.**