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5HFLSLHQW TV , QIRUPDWLRQ

'DWH RI \$SSOLFDWLRQ
5HFLSLHQW (PSOR\HH TV 1DPH
(PSOR\HH , ' 1R
\$GGUHV
&LW\ 6WDWH =LS &RGH
-RE 3RVLWLRQ
'HSDUWPHQW 6FKRRO
'DWH RI +LUH

5HTXHVW WR SDUWLFLSDWH GXH WR WKH IROORZLQJ

H GRQDWHG GD\ V
QW GD\ OLP RWDW HGRSHO RQDUI XQG VFKRROV OLIHWLPH
QW PXVW EH HPSOR\HG DW OHDVW RQH IXOO VFKRRO \H DU
RI WKW JXRU PDQRHHV VLVNLOV DYPHSGRQDWDFEOLVKHV WKDW DQ LQGGLYLGXDO LV ZLOOLQ
H WR UHFHLYH GRQDWHG OHDYH

By my signature below, I certify that I have read the Richmond County Board of Education's Sick Leave Bank Policy and abide by its terms and conditions. Furthermore, I understand that Sick Leave is donated on a voluntary individual basis by eligible donors.

Employee Signature Date

'HSDUWPHQW DO 8VH 2QO\
, Q DFFRUGDQFH ZLWK %DQ H 6RFDL FNDYGRU DW TX HW W WR

\$SSURY GHQLHG RQ ~~SHD~~ ~~BBB~~ ~~BBBBBBBBBBBB~~ ~~BB~~ ~~BBB~~ ~~BB~~ ~~BBBBBB~~ ~~BBBBBBBBBBBB~~

& ODVVLILFDW RQ HJWDLW HG & ODVVLILHG 'DWH \$SSURY ~~SHD~~ ~~BBB~~ ~~BB~~ ~~BBBBBB~~ ~~BB~~

'RFWRU TV 6W WHPHQW 1R 1XPEHU RI 'D\ \$SSURYHG ~~BBB~~ ~~BBB~~ ~~BBB~~ ~~BBB~~

Benefits Coordinator Signature Date

Director of Human Resources Signature Date