

**HENRY COUNTY SICK LEAVE BANK**  
**AUTHORIZATION FOR SICK LEAVE BANK PARTICIPATION**

\_\_\_\_\_  
(EMPLOYEE'S NAME)

\_\_\_\_\_  
(LOCATION)

\_\_\_\_\_ I wish to be a member of the Henry County Sick Leave Bank and hereby authorize that five (5) days from my sick leave account be placed on deposit in the sick leave bank.

\_\_\_\_\_ I wish to be a member of the Henry County Sick Leave Bank, but do not have five (5) days in my account at this time. I hereby authorize that the next five (5) earned days of sick leave for my account be placed on deposit in the sick leave bank.

\_\_\_\_\_ I do not wish to participate in the Sick Leave Bank.

\_\_\_\_\_  
(EMPLOYEE'S SIGNATURE)

\_\_\_\_\_  
(DATE)