



**1101 Washington Street  
Marion, Alabama 36756**

## **Sick Leave Bank Enrollment Form**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Employee #

\_\_\_\_\_  
Department

\_\_\_\_\_  
Supervisor

I hereby authorize Marion Military Institute to transfer a total of three (3) sick leave days from my personal sick leave balance to the College's Sick Leave Bank. I understand that these days are to be returned to my personal account upon written request for withdrawal from the Sick Leave Bank or for other purposes as described in the Bank Guidelines.

\_\_\_\_\_  
(Employee's Signature)

\_\_\_\_\_  
(Date)

c: Payroll Accountant  
Committee Members