

**BERING STRAIT SCHOOL DISTRICT  
SICK LEAVE BANK FORM**

Please complete the information requested below and return to the personnel office before your first day of work:

**I. SICK LEAVE BANK MEMBERSHIP ENROLLMENT:**

Place an "X" by the appropriate statement:

- Please enroll me in the Sick Leave Bank.
- I am already enrolled in the Sick Leave Bank.
- DO NOT enroll me in the Sick Leave Bank.

\_\_\_\_\_  
**Printed Name of Teacher/Employee**

\_\_\_\_\_  
**Signature of Teacher/Employee**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Social Security Number**

cc: Personnel File