

Preston County Schools

731 Preston Drive
Kingwood, WV 26537
304-329-0580
Sick Leave Bank

Sick Bank Enrollment Form

I, the undersigned employee of Preston County Schools, have been informed of the provisions of the Sick Leave Bank and wish to become a member of the Bank. I voluntarily contribute two (2) days from my accumulated sick leave the first year and one (1) day each year thereafter, not to exceed two (2) days per fiscal year and I relinquish all claims to said days. I understand the rules and regulations of the policy.

Name: _____ (Please print)

Signature: _____

Id Number: _____ - _____ - _____

Position: _____ Job site: _____

Please return this form prior to October 1st, of the current year, to the Payroll department.