

ATHENS STATE UNIVERSITY SICK LEAVE BANK NOTICE FOR PARTICIPATION

PLEASE F	PRINT		
EMPLOY	/EE NAME:		
EMPLOY	/EE I.D. NUMBER:		
	_ I hereby elect to join the Sick Leave Bank	c and to submit	days at this time.
I hereby elect <u>not</u> to join the Sick Leave Bank at this time.			
SIGNATURE		DATE	