

**POQUOSON CITY PUBLIC SCHOOLS  
 500 CITY HALL AVENUE  
 P.O. BOX 2068  
 POQUOSON, VA 23662**

I HAVE REVIEWED AND UNDERSTAND THE POLICIES GOVERNING THE SICK LEAVE BANK AND WISH TO PARTICIPATE AS A MEMBER OF THE BANK.

<b>EMPLOYEE NAME</b>	
<b>HOME ADDRESS</b>	
<b>CITY / STATE</b>	
<b>HOME PHONE NUMBER</b>	
<b>SCHOOL OR OFFICE LOCATION</b>	
<b>POSITION HELD</b>	
<b>SIGNATURE</b>	
<b>DATE</b>	

**FOR OFFICE USE ONLY**

<b>SCHOOL YEAR</b>	<b>DAYS CONTRIBUTED</b>	<b>DAYS USED</b>	<b>DATE OF USE</b>