## **EUFAULA PUBLIC SCHOOLS**

## **Sick Leave Bank Membership Application**

I have read the Eufaula Public School District's policy governing the Sick Leave Bank and understand the benefits of membership

Themselving		
Please add my name to the list of participants of the sick leave bank		
Last:Name:	First: :	Middle:
Teacher ID Number:		
School Site:		
Home Telephone Number:		