

**WALLACE COMMUNITY COLLEGE  
AUTHORIZATION FOR SICK LEAVE BANK PARTICIPATION**

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Employee's Name

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Social Security Number

- I desire to be a member of the Wallace Community College Sick Leave Bank and hereby authorize that 5 days (40 hours) from my sick leave account be placed on deposit in the Sick Leave Bank.
- I do not desire to participate in the Sick Leave Bank.

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Employee's Signature

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Date