

All applications must be submitted to your timekeeper NO LATER THAN **February 29, 2016**. Any submissions dated after February 29, 2016 will not be accepted for 2016 continued membership. Please keep a copy for your records.

APPLICATION FOR CONTINUING MEMBERSHIP

Print Name: _____ Dept.: _____
Social Security #: _____

**I wish to continue my membership in the Emergency Sick Leave Bank.
My timekeeper has verified that I donated _____ sick/personal leave day(s).**

Signature: _____
Date: _____

**I am the Timekeeper for the above employee. I have deducted _____ day(s)
from his/her sick/personal leave balance.**

Print Name: _____
Signature: _____
Date: _____
Dept.: _____ Phone #: _____