



108 Washington Street • P.O. Box 1724  
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301-759-2000  
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*Please return completed  
form to your respective  
unit representative*

**AUTHORIZATION FORM  
FOR  
SICK LEAVE BANK**

I agree to donate two (2) days of my available sick leave to be used, if needed, by a fellow employee who qualifies under the attached guidelines. I hereby authorize the Board of Education of Allegany County to deduct two (2) days of sick leave from my total accumulated sick leave to be deposited in the Sick Leave Bank to benefit unit members granted days by the SLB Committee.

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

EMPLOYEE #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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**UNIT MEMBERSHIP**  
(Please check one box below)

- ACEA - Teachers/ Secretaries/Instructional Assistants/Technicians
- APSASAC - Administrators