

**MANSFIELD INDEPENDENT SCHOOL DISTRICT**

**Sick Leave Bank**

**MEMBERSHIP ENROLLMENT FORM**

Name \_\_\_\_\_

EE# \_\_\_\_\_ SS# \_\_\_\_\_

Campus/Department \_\_\_\_\_

**PLEASE CHECK ONE:**

\_\_\_\_\_ New Hire

\_\_\_\_\_ Current Employee enrolling during OPEN ENROLLMENT

By signing below I authorize MISD Payroll to deduct **two (2) days** from my current sick leave for enrollment in the Sick Leave Bank for my first year of membership and one (1) day for each subsequent year I am a member.

I understand that I am subject to a 30 day waiting period before I can request days and that the Committee will grant days in accordance with the Guidelines and Procedures of the Bank.

I have read and agree to abide by the MISD Sick Leave Bank Guidelines and Procedures.

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Employee Signature

Date

**Completed form must be sent to:  
MISD Sick Leave Bank  
ATTN: Shelley Trammell, Chairperson  
605 E. Broad Street, Mansfield, TX 76063  
OR fax to 817-473-5330**