

**3.15.5F2 -- SICK LEAVE BANK CONTRIBUTION FORM**

**VAN BUREN PUBLIC SCHOOLS  
Van Buren, Arkansas**

I, hereby request and authorize that \_\_\_\_\_ day(s) be deducted from my sick leave allowance to contribute to the Sick Leave Bank.

Name of School \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_