



**Mapleton Public Schools**

Adams County School District No.1

**ADMINISTRATIVE SICK LEAVE BANK  
ENROLLMENT FORM**

I hereby authorize school district No. 1 to deduct five (5) days of cumulative leave from my personal account.

I understand that I will become a member of the District No. 1 Administrative Sick Leave Bank immediately upon transfer of these days to the sick leave bank.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Board Chairperson

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date