



**Tim Bond, Assistant Superintendent of Support Services**  
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**Director**  
Jeff Bond  
Ben Chavez  
Roxy Flanders  
Sandra Lee

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### Sick Leave Bank Contribution Authorization Form

I hereby authorize Gallup-McKinley County Schools to reduce my sick leave balance or paid time off balance by one (1) day and contribute this day to the District Sick Leave Bank. I understand that this sick leave day or paid time off day is irretrievable. I also understand that this contribution constitutes membership in the GMCS Sick Leave Bank and that, pursuant to the terms and conditions of the Sick Leave Bank Policy and Procedures; in the future I may be required to donate additional days to maintain membership in the Sick Leave Bank.

\_\_\_\_\_  
Full Legal Name (Please Print)

\_\_\_\_\_  
Date Completed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Work Location

\_\_\_\_\_  
Month/Year Employment Hire/Rehire date

\_\_\_\_\_  
**Last 5 digits** of Social Security Number

Prefer Deduction from: \_\_\_\_\_ Sick Leave Plan \_\_\_\_\_ Paid Time Off Plan

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**To be completed by School Site/Department Secretary;** please send completed forms to Jacqueline Strain – Personnel

Work Site Secretary: \_\_\_\_\_  
Name (Please Print)

Work Location: \_\_\_\_\_

Date Form Received from Employee: \_\_\_\_\_

Date Copy given to Employee: \_\_\_\_\_

Date Form Sent to Personnel: \_\_\_\_\_

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**To be completed by PERSONNEL**

Date Received: \_\_\_\_\_

Date Entered in iVisions: \_\_\_\_\_