



45 School Street
Philippi, WV 26416

Mr. Jeffrey P. Woofter
Superintendent

COMMITTED TO LEARNING FOR ALL

Barbour County Policy 6320 establishes an employee personal leave bank. By signing below to enroll you acknowledge that you have read, understand, and agree to the terms of participation in the program.

Also, the following guidelines shall be followed for participation:

- Read and agree to the terms of participation in the personal leave bank,
- Submit your participation agreement by 4 p.m. the 10th day following the first day of work for employees, or, within 10 days of signing a contract to begin work.
- Agree to donate two (2) days of sick leave to the bank annually. Days cannot be reclaimed at any point other than through applying for disbursement of days as provided in the policy.

I agree to the terms of the policy and agree to follow the participation guidelines. Please enroll me in the Barbour County Personal Leave Bank as provided in Barbour County File 6320.

Employee name: _____ Date: _____

Employee name (Printed): _____ Location: _____