

Motlow State Community College
SICK LEAVE BANK ENROLLMENT FORM

Name _____ SSN or Banner ID _____

Position Title _____

- REGULAR FULL-TIME EMPLOYEE
- REGULAR PART-TIME EMPLOYEE

A copy of the sick leave bank plan and regulations have been made available to me. I am aware of the contents and that any assessments made of my accrued sick leave by the trustees of the bank shall be nonrefundable and nontransferable.

Initial enrollment assessment will be 22.5 hours or three (3) days for full-time employees and hours equal to three (3) regular work days for part-time employees.

This assessment is made in accordance with the statutory provisions and institutional or area school regulations governing the Sick Leave Bank and is based upon projected potential need of the Bank's membership. Once authorized by you, this assessment of hours is nonrefundable and nontransferable.

Signature

Date: _____

This form must be forwarded to the chairperson of the Faculty Sick Leave Bank when completed and no later than November 30.

Chairperson's signature: _____