

Motlow State Community College
Faculty Sick Leave Bank
Notice of Assessment

As a member of Motlow State Community College's Sick Leave Bank, you are hereby notified of an assessment of _____ hours from your accrued personal sick leave balance effective _____. This assessment is made in accordance with the statutory provisions and institutional or area school regulations governing the sick leave bank's membership. Once authorized by you this assessment of hours is nonrefundable and nontransferable.

_____ Date: _____
Trustee Chairperson Signature

Member Name _____

Member Authorization:

_____ Date: _____
Member Signature

Once authorized by member, this notice of assessment must be forwarded to Human Resources ASAP.