



- Faculty
- Non-faculty

## **Sick Leave Bank Enrollment Form**

Employee Name \_\_\_\_\_ SSN \_\_\_\_\_

Title \_\_\_\_\_

Department/Office \_\_\_\_\_

- Regular Full-time Employee
- Regular Part-time Employee

Please enroll me in the sick leave bank as indicated above. A copy of the sick leave bank plan and guidelines 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.

### **Sick Leave Bank Notice of Assessment**

As a member of the Pellissippi State Technical Community College Sick Leave Bank, you are hereby notified of an assessment of \_\_\_\_\_ hours from your accrued personal sick leave balance effective \_\_\_\_\_, 20\_\_\_\_. This assessment is made in accordance with the statutory provisions and Pellissippi State 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.

\_\_\_\_\_  
Employee Signature Date

***This form must be forwarded to Human Resources and Affirmative Action immediately.***

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**FOR OFFICE USE ONLY**

\_\_\_\_\_  
Trustee Chair Signature Date

WHITE: Human Resources      YELLOW: Payroll      PINK: Personnel File      GOLD: Employee