

TENNESSEE TECHNOLOGICAL UNIVERSITY
NON-FACULTY SICK LEAVE BANK ENROLLMENT FORM

NAME _____

BANNER ID NUMBER _____ T _____

TITLE _____

DEPARTMENT _____

ORG CODE _____

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.

Members of the **SICK LEAVE BANK** who terminate employment and are subsequently rehired are **NOT** automatically reinstated to sick leave bank membership. You must make a written request upon rehire.

Signature _____

Date _____

THIS FORM IS TO BE ROUTED TO HUMAN RESOURCES, CAMPUS BOX 5132 OR HAND DELIVER TO ROOM 146 DERRYBERRY HALL UPON COMPLETION. DEADLINE IS 4:30 ON 1/31/12.

January, 2012