

TENNESSEE TECHNOLOGICAL UNIVERSITY
FACULTY SICK LEAVE BANK ENROLLMENT FORM

NAME _____

BANNER ID NUMBER _____ T _____

TITLE _____

DEPT _____ ORG _____
(6 DIGIT NUMBER)

☐ REGULAR FULL-TIME EMPLOYEE

☐ REGULAR PART-TIME EMPLOYEE (_____ %)

A copy of the Faculty Sick Leave Bank 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.

Members of the sick leave bank who terminate employment and are subsequently rehired are **not** automatically reinstated to sick leave bank membership. A request must be made to reinstate.

Signature

Date

THIS FORM IS TO BE MAILED TO HUMAN RESOURCES, CAMPUS BOX 5132, OR DELIVERED TO DERRYBERRY HALL ROOM 146 UPON COMPLETION. THE DEADLINE IS 4:30 PM ON OCTOBER 31st.