

TENNESSEE TECHNOLOGICAL UNIVERSITY
FACULTY SICK LEAVE BANK ENROLLMENT FORM

NAME _____

BANNER ID NUMBER _____ T _____

TITLE _____

REGULAR FULL-TIME EMPLOYEE

REGULAR PART-TIME EMPLOYEE (_____ %)

A copy of the sick leave bank plan and regulations has 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.

Signature

Date

THIS FORM IS TO BE ROUTED TO THE HUMAN RESOURCE SERVICES OFFICE
UPON COMPLETION, CAMPUS BOX 5132.

October 2008