

THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

Sick Leave Bank Enrollment Request

Open Enrollment: April 1, 2020 - August 31, 2020

EMPLOYEE INFORMATION:

Name: _____ Pers. No. _____

Home Address: _____ Phone: _____
Street City State Zip

Pay Status: _____ Monthly _____ Bi-Weekly

Employee Status: _ Faculty _ Exempt _ Non-Exempt _____ Percent of Full Time

DEPARTMENT INFORMATION:

Dept. Name: _____ Account No. _____

Address: _____ Room No.: _____ Building: _____

Phone: _____

SUPERVISOR INFORMATION:

Name: _____ Phone: _____

Address: _____ Room No.: _____ Building: _____

I hereby request to be enrolled in the Sick Leave Bank as of September 1, 2020 and authorize the transfer of 24.0 hours (3 days) of my unused sick leave to the bank or a prorated portion if I am less than 100 percent time. I also understand that the sick leave days transferred to the bank are non-refundable and that I am subject to future assessments as determined by the Bank Trustees.

Signature Date: (see deadline information below)

FOR PERSONNEL SERVICES USE ONLY:

Employee Sick Leave Balance in Hours: _____ as of _____

Less Enrollment Assessment in Hours _____ Date _____

Resulting Balance in Hours _____ as of _____

Signature Date

RETURN FORM TO HUMAN RESOURCES
910 Madison Avenue, Suite 764
Fax: 901-448-2994
Email: bmarti75@uthsc.edu

*****Must be received by August 31, 2020*****