

# THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

## Sick Leave Bank Enrollment Request

**Open Enrollment Dates: April 1, 2020 - June 30, 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 July 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)  
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### 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 June 30, 2020\*\*\*\*\*