

FACULTY SICK LEAVE BANK ENROLLMENT FORM  
(NAME OF INSTITUTION OR COLLEGE OF APPLIED TECHNOLOGY)

NAME \_\_\_\_\_ SSN or Banner ID \_\_\_\_\_

RANK \_\_\_\_\_

TITLE \_\_\_\_\_

REGULAR FULL-TIME EMPLOYEE WITH FACULTY RANK

REGULAR PART-TIME INSTRUCTIONAL STAFF MEMBER

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date