

THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

Sick Leave Bank Enrollment Request

Open Enrollment: April 1, 2024 - June 30, 2024

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, 2024** 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: 901-448-8481
Email: bmarti75@uthsc.edu

*****Must be received by June 30, 2024*****