



Faculty Sick Leave Bank Enrollment Form
165 Administration Building
The University of Memphis

Name _____

SSN _____

Title _____

Office phone number _____

Department _____

Employment date _____

Regular full-time employee _____

Regular part-time employee _____

1. A copy of the sick leave bank plan and regulations have been made available to me, and I am aware of the contents.
2. I understand that in order to join the bank, 22.5 hours (three days) of sick leave will be assessed and shall be non-refundable and non-transferable.

Signature

Date

FOR HUMAN RESOURCES ONLY

Sick leave balance _____ hours as of _____

Assessed _____

New balance _____

Enrollment date _____

HR Associate

Date