



**Staff Sick Leave Bank  
Enrollment/Cancellation Form**

**Please return to:**  
Employee Benefits Office, 165 Administration Bldg

**Recruit a new member:**

To recruit a new member, please have the new member complete Part 1. You must sign Part 2.

**Part 1: Staff Sick Leave Bank Enrollment**

Employee Name \_\_\_\_\_ UID \_\_\_\_\_

Department \_\_\_\_\_ Job Title \_\_\_\_\_

Office Phone Number \_\_\_\_\_ Employment Date \_\_\_\_\_

- I have reviewed the Sick Leave Bank policy, UM1609, at <http://policies.memphis.edu/UM1609.htm>.
- I understand that in order to join the bank, I will be assessed three days of sick leave that shall be non-refundable and non-transferable.

New Member Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part 2: Recruited By Signature**

Employee Name \_\_\_\_\_ UID \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Cancel membership:**

To cancel your membership in the Staff Sick Leave Bank, please complete Part 3.

**Part 3: Cancellation**

After careful consideration, I have decided to cancel my Staff SLB membership. Do not deduct the 15 hours from my sick leave balance.

Employee Name \_\_\_\_\_ UID \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Human Resources**

Sick leave balance \_\_\_\_\_ hours as of \_\_\_\_\_  
Assessed - \_\_\_\_\_ hours  
New balance \_\_\_\_\_ hours

Enrollment date \_\_\_\_\_

Completed in Banner HR \_\_\_\_\_ Date \_\_\_\_\_