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 ________________

______________________________  __________________________
Human Resources Representative  Date