

ROANE STATE COMMUNITY COLLEGE

NON-FACULTY SICK LEAVE BANK ENROLLMENT FORM

NAME \_\_\_\_\_ S.S. # \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

TITLE \_\_\_\_\_

\_\_\_\_\_ REGULAR FULL-TIME EMPLOYEE      \_\_\_\_\_ REGULAR PART-TIME EMPLOYEE

\_\_\_\_\_ PERCENT OF TIME EMPLOYED

I hereby donate the equivalent of three days (\_\_\_\_\_ hours) of my accrued sick leave for the initial assessment to become a member of the Sick Leave Bank.

I am aware that I can access the Sick Leave Bank policy from the Roane State website and that any assessments made of my accrued sick leave by the trustees of the bank shall be non-refundable and non-transferable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this form **along with a copy of the time sheet showing your deduction** to Michele Patterson Business and Finance, Dunbar Building, Roane County campus.