

# SOUTHWEST TENNESSEE COMMUNITY COLLEGE

## SICK LEAVE BANK ENROLLMENT FORM

Please mark the box or boxes below that apply to you.

### FACULTY

Faculty Sick Leave Bank

### NON-FACULTY

Non-Faculty Sick Leave Bank

Full-time Employee

Permanent Part-time Employee

Name \_\_\_\_\_

Title \_\_\_\_\_

Department \_\_\_\_\_

Information regarding TBR Policy No. 5:01:01:07 and TBR Guidelines P-060 (Faculty) and P-061 (Non-Faculty) has been made available to me. I am aware of the contents and that any assessments made of my accrued sick leave by the trustees of the bank shall be non-refundable. I also acknowledge that my enrollment is contingent upon my having a minimum of two (2) days sick leave on March 31 in order to cover the initial assessment.

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

0111057 REV 14029

*Southwest Tennessee Community College is an AA/EEO employer and does not discriminate on the basis of race, color, national origin, sex, disability or age in its program and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Executive Director of Human Resources and Affirmative Action, 737 Union Avenue, Memphis, TN 38103, (901) 333-5760.*