



**Non-Faculty Sick Leave Bank  
Enrollment Application Form**

**NAME:** \_\_\_\_\_

**TSU ID#: T** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

**REGULAR FULL-TIME EMPLOYEE**

**REGULAR PART-TIME EMPLOYEE**

A copy of the sick leave bank plan, and regulations have 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 nonrefundable and nontransferable.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*If you have any questions please contact Ruth Gordon via email [rgordon1@tnstate.edu](mailto:rgordon1@tnstate.edu) or call 615-963-5451.*