



Non-Faculty Sick Leave Bank
Enrollment Application Form

NAME: _____

T#: _____ TITLE: _____

DEPARTMENT: _____

PHONE #: _____

EMAIL: _____

REGULAR FULL-TIME EMPLOYEE

REGULAR PART-TIME EMPLOYEE

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

Employee Signature: _____

You will be notified if your application has been accepted. If you have any questions, please contact Ruth Gordon via email at rgordon1@tnstate.edu or call 615-963-5451.

Office Use Only

Sick leave balance _____ hours as of _____

Assessed _____

Enrollment date _____

Approved _____ Date _____