TENNESSEE STATE UNIVERSITY FACULTY SICK LEAVE BANK APPLICATION FOR MEMBERSHIP ANNUAL ENROLLMENT PERIOD

Please complete and return to [facultysickbank@tnstate.edu](mailto:facultysickbank@tnstate.edu) within the enrollment period. Name

T# Department Phone #

Email: Academic Rank

I understand that this membership is subject to the Tennessee State University Faculty Sick Leave Bank Guidelines, as administered by the Trustees, and acknowledge that a copy of the guidelines has been made available to me at [www.tnstate.edu/facultysenate/sickbank.aspx](http://www.tnstate.edu/facultysenate/sickbank.aspx ) This is to authorize the Trustees to transfer the equivalent of three (3) days of my sick leave to the Sick Leave Bank.

Date Signature

Please indicate and sign below if you would like to contribute additional days to the Sick Bank.

Number of Additional Days Contributed

Date Signature

You will be notified if your application has been accepted.

**Office Use Only**

Initial Sick Leave Assessed \_\_ \_ Additional Sick Leave Assessed Effective Date of Membership \_ \_ Account Code \_

Approved \_\_ \_