



TENNESSEE
STATE UNIVERSITY

**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.

_____ Signature

_____ Date