

**ROANE STATE COMMUNITY COLLEGE
FACULTY SICK LEAVE BANK ENROLLMENT FORM**

NAME _____ R# _____

DEPARTMENT _____

TITLE _____

I hereby donate the equivalent of three days (____ hours) of my accrued sick leave for the initial assessment to become a member of the Sick Leave Bank. I am aware that I can access the Sick Leave Bank policy from the Roane State website and that any assessments made of my accrued sick leave by the trustees of the bank shall be non-refundable and non-transferable.

Signature

Date

Faculty Member: Please do the following:

- 1. Send a copy of this form to your Division Office.**
- 2. Send a copy of this form to the Chair of the FSLB: Cody Miller, with an attachment of a screen shot showing the appropriate hours have been deducted.**
- 3. Send this form to Human Resources. Human Resources will then send a request to Payroll to have the appropriate number of hours deducted from your electronic Leave Reporting.**
- 4. Check your Leave Balance at the next appropriate point to confirm that the hours have been deducted.**

Human Resources: Please send this faculty member's name to Payroll so that the hours can be deducted from the faculty member's Leave Reporting.