

ROANE STATE COMMUNITY COLLEGE

NON-FACULTY SICK LEAVE BANK ENROLLMENT FORM

NAME _____ S.S. # _____

DEPARTMENT _____

TITLE _____

____ REGULAR FULL-TIME EMPLOYEE ____ REGULAR PART-TIME EMPLOYEE

____ PERCENT OF TIME EMPLOYED

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

Please return this form **along with a copy of the time sheet showing your deduction** to Ruth Lee Melton, Institutional Research Department, Dunbar Building, Roane County campus.