



NORTHEAST STATE COMMUNITY COLLEGE

NON-FACULTY SICK LEAVE BANK

ENROLLMENT FORM

(Instructions: Submit completed form to Becky Bennett, Leave Administrator)

NAME: \_\_\_\_\_ ID #: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ TITLE: \_\_\_\_\_

I certify that I am eligible to participate in the non-faculty sick leave bank because I am a non-faculty employee of NeSCC, and I have an accumulated sick leave balance of at least seven (7) days and 52.5 hours.

I have reviewed [Policy 05:08:17 Leave: Non-Faculty Sick Leave Bank](#). I have reviewed the provisions of the plan and do hereby elect to participate. I understand that the initial assessment will be the hourly equivalent (22.5 hours) equaling three (3) days. I am also aware that any assessments made of my accrued sick leave by the trustees of the bank shall be non-refundable and non-transferrable.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>TO BE COMPLETED BY LEAVE ADMINISTRATOR</b>	
<b>VERIFIED SICK LEAVE BALANACE OF AT LEAST SEVEN (7) DAYS:</b> _____	
<b>TRANSFERRED THREE (3) DAYS TO SICK LEAVE BANK</b> _____	
<b>SIGNATURE:</b> _____	<b>DATE:</b> _____
<b>Copy Distribution: Original to Human Resources</b>	
<b>Copies to Sick Leave Bank Chair (Nikki Morrison) and Payroll (Becky Bennett)</b>	