# Faculty Sick Bank Enrollment Form

# Northeast State Community College

### Name \_\_\_\_\_\_\_\_\_ Banner ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Regular Full Time Employee

*Please check*

A copy of the sick leave bank plan and regulations has 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 non-refundable and non-transferable.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date