SICK LEAVE BANK FORM

IF YOU WISH TO CONTRIBUTE TO THE SICK LEAVE BANK PLEASE COMPLETE THE FORM BELOW AND RETURN IT TO:

HUMAN RESOURCES
SICK LEAVE BANK
ACADEMIC SERVICES BUILDING
ROOM 429

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_________________________  __________________
NAME (print)                  CWID #

THE NUMBER OF HOURS DETERMINED FROM EACH DAY CONTRIBUTED IS BASED ON YOUR ASSIGNED HOURS. FOR EXAMPLE IF YOUR NORMAL WORK SCHEDULE IS A 7.5-HOUR SHIFT, THEN ONE DAY EQUALS 7.5 HOURS.

WHAT ARE YOUR REGULARLY ASSIGNED HOURS PER DAY? ______________

NUMBER OF DAYS CONTRIBUTED:  THREE (3) Days

PLEASE NOTE THAT YOU MUST HAVE AT LEAST FIVE DAYS OF ACCUMULATED SICK LEAVE BEFORE YOU CAN CONTRIBUTE.

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_________________________  ________________
SIGNATURE              DATE

By my signature above, I certify that this information is true and correct. I understand that falsification of this form may lead to disciplinary actions up to and including termination.