



**SICK LEAVE BANK
APPLICATION FOR ENROLLMENT**

Name _____ Date _____

ID number _____ Phone number _____

Department _____ Position _____

Accrued leave balance is greater than 88 hours? Yes No

Purpose: The Sick Leave Bank (SLB) at Florida Tech has been established to assist employees in crisis. The SLB program is a voluntary, confidential program created to provide its members the opportunity to remain in full-pay status and to provide continued deductions for payment of benefit premiums when all accrued leave has been exhausted. This program may be used during most employee's or immediate family's medical situations. Family or medical situations are defined below:

- Family is defined as spouse, parent, child (natural or adopted) or other legal dependent.
- Medical situations are defined as physician-certified inability to work or incapacitation of employee's family member.

The minimum initial contribution required to join the Sick Leave Bank is the equivalent of one full-time day (8 hours) of accrued sick leave. Enrollment effective date will be the first day following the end of the SLB enrollment period.

TO ENROLL IN THE SICK LEAVE BANK, please sign, date and indicate initial contribution below.

Initial Contribution Amount: 8 hours If greater than 8 hours, please specify _____

Signature _____ Date _____

CURRENT MEMBER—ADDITIONAL DONATION:

If you are already a member of the Sick Leave Bank (SLB), you are welcome to contribute more hours during this enrollment period.

Donation Amount _____

OFFICE OF HUMAN RESOURCES USE ONLY

Accrued Leave Balance (in hours) _____ Date _____

HR Approval _____ Sick Leave Contribution _____