MIDDLE TENNESSEE STATE UNIVERSITY FACULTY SICK LEAVE BANK APPLICATION FOR MEMBERSHIP OPEN ENROLLMENT OCTOBER 1 THRU OCTOBER 31

Please complete and return to Human Resource Services (no box number necessary) within the enrollment period. Forms received after the enrollment period will not be accepted.

Name	
M #	
Department	
Academic Rank or Position	

I understand that this membership is subject to the MTSU Faculty Sick Leave Bank Guidelines, as administered by the Trustees, and acknowledge that a copy of the guidelines has been made available to me. This is to authorize the trustees to transfer the equivalent of two (2) days of my sick leave to the Sick Leave Bank.

Date

Signature

(You will be notified if you had insufficient leave to join the bank.)

Human Resources Services Office Use Only

Initial Sick Leave Assessed

Effective Date of Membership _____