



**Application for Membership in the Sick Leave Bank**  
**Nurses and Local 1 – Custodial and Maintenance**

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Position: \_\_\_\_\_ Location/Dept: \_\_\_\_\_

**Membership**

Membership in the bank shall be obtained by authorizing the donation of two days of accumulated sick leave to the bank.

**Please check one of the boxes below:**

- I wish to join the sick leave bank by donating 2 of my accumulated days.
- I wish to drop out of the sick bank. (Note: donated days are not returned)

**I fully understand that joining the sick bank requires a donation of 2 of my accumulated compensable days and the days will be deducted from my current year's balance.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Please return this form to Sharon Taylor-Simms in the  
Human Resources Department by Friday, October 13, 2017.**

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**Office use only**

- Membership Approved
- Membership Denied Reason: \_\_\_\_\_