

Motlow State Community College
SICK LEAVE BANK ENROLLMENT FORM

Name _____ SSN or Banner ID _____

Position Title _____

- REGULAR FULL-TIME EMPLOYEE
- REGULAR PART-TIME EMPLOYEE

A copy of the sick leave bank plan and regulations have 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 nonrefundable and nontransferable.

Signature

Date: _____