OPEN ENROLLMENT

# SICK LEAVE BANK PARTICIPATION FORM

Lincoln Land Community College offers a Staff Sick Leave Bank to all classified, professional and administrative, benefit-eligible staff. The Sick Leave Bank can provide extended sick leave to members who are unable to work due to a personal or immediate family illness or injury. Members must be out of work for 3 work weeks and have exhausted their own accumulated compensatory time and all but five (5) days (in any combination of your choice) of their sick, vacation, personal and/or floating leave time. For further information, please refer to the Board Policy 8.13.

Membership in the Bank is voluntary. No member who makes an enrollment request to join within the first 30 days of employment or within designated open enrollment periods will be denied membership.

If you are interested in joining the sick bank for the first time, you will be required to donate one (1) sick day to the bank as a membership fee.

**IF YOU WISH TO MAKE CHANGES TO YOUR CURRENT ELECTION STATUS OR DONATE ADDITIONAL DAYS, PLEASE COMPLETE THE FORM BELOW. IF THE SICK BANK DOES NOT RECEIVE A FORM FROM YOU, YOUR CURRENT PARTICIPATION STATUS WILL REMAIN THE SAME.**

# THIS FORM MUST BE RETURNED TO HUMAN RESOURCES BY AUGUST 2, 2018!

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMP ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ I wish to *participate* in the Sick Leave Bank.

\_\_\_\_\_\_ I wish *not to participate* in the Sick Leave Bank.

Current Members Only:

\_\_\_\_\_\_ I wish to *donate* additional days.

Number of days to donate 1 2

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Signature Date