

COMPENSATION AND BENEFITS
LEAVES AND ABSENCES

DEC
(EXHIBIT)

EXHIBIT A

SICK LEAVE BANK ENROLLMENT FORM

Name (Last, First, M): _____

SS# or Colleague ID #: _____

College Campus: _____

I understand that an eight-hour deduction will be made from my annual sick leave on September 1 of each year and contributed to the sick leave bank. In addition to the eight hours, I wish to contribute _____ sick leave hours (not to exceed 16 hours) on September 1 of each year. (Note: The maximum annual contribution is limited to 24 hours).

The deduction will continue annually until the employee directs otherwise in writing or unless policy changes. If an employee chooses to terminate his or her enrollment in and contribution to the sick leave bank, access to the bank by that employee will be limited to the number of hours contributed by the employee.

At Retirement, an employee is allowed to contribute the unused balance of their sick leave directly to the Sick Leave Bank Pool.

_____ **I elect to contribute the unused balance of sick leave upon retirement**

_____ **I elect not to contribute the unused balance of sick leave upon retirement**

Employee Signature

Date

Failure to sign and date the form will void the transfer.

Return the **original** completed form to:

Human Resources Coordinator
Flores Building
Uvalde Campus