

**AUSTIN PEAY STATE UNIVERSITY
SICK LEAVE BANK ENROLLMENT FORM**

NAME _____ A# _____

FACULTY _____ STAFF _____

_____ REGULAR FULL-TIME EMPLOYEE

_____ REGULAR PART-TIME EMPLOYEE

A copy of 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. I also agree to the initial assessment of 3 days*

I designate the following individual as the primary person who will apply to the bank for sick leave in the event I am unable to do so:

NAME ADDRESS

TELEPHONE NUMBER

*1 DAY = 7.5 HOURS IF 37.5 HOUR WORK WEEK
*1 DAY = 8.0 HOURS IF 40.0 HOUR WORK WEEK

SIGNATURE

DATE