

SICK LEAVE BANK DONATION/REVOCAION FORM

(Enrollment/revocation changes may only be submitted annually during the open enrollment period)

TO BE COMPLETED BY THE EMPLOYEE DONATING LEAVE

Name _____ WIU I.D. # _____
 Rank/Title _____ Percent Appointment _____ Start Date _____
 Department _____ Office Phone _____

ENROLLMENT - Donation will be deducted from your designated leave balance the latter part of June.

- () Initial enrollment
- () Currently in bank, changing type of leave to be donated

I am donating one (1) day of **(please check one)**:

- () Sick leave (Donated sick leave will first be transferred from cumulative, non-compensable sick leave, if available.)
- () Vacation

Leave Balances: Sick _____ Vacation _____

I have read and understand the Voluntary Sick Leave Bank Policy and voluntarily donate the above day. I will have a minimum of 10 leave days (sick and vacation combined) available for personal use after this donation. I understand I will be able to request withdrawal of days from the bank according to the policy should it become necessary.

Signature

Date

REVOCAION

Membership in the Sick Leave Bank continues from year-to-year with an annual reduction in leave until/unless the member submits this revocation form to discontinue membership.

I hereby revoke my membership in Western Illinois University's Sick Leave Bank.

Signature

Date

SUBMIT TO HUMAN RESOURCES: Sherman Hall 105, HR-Benefits@wiu.edu

To Be Completed by Human Resources

Employees who do not accrue cumulative leave are eligible for membership if they have been employed at least 6 months.

Date Received: _____ Sick Bank Code: _____ Transaction #: _____

PMUP Updated: _____ Class Code: _____ Date Processed: _____