

SICK LEAVE BANK ENROLLMENT FORM

Department of Human Resources – Employee Relations
910 Madison Avenue, Suite 764 | Memphis, TN 38163 | 901.448.5600



2025 OPEN ENROLLMENT April 1st – June 30th

Contact Information

First and Last Name: _____ Personnel Number: _____

Title and Department: _____

Email: _____ Phone: (_____) _____

Employee Status: Faculty Exempt Staff Nonexempt Staff

Work Percentage: Full-time (100%) Part-time (less than 100%)

Eligibility

The Sick Leave Bank (SLB) is an opportunity for eligible employees to protect their income. The SLB may provide paid leave to bank members who have exhausted all their paid leave due to a personal illness or injury.

To be eligible to enroll in this benefit, employees must:

- Be classified as regular, full-time, or part-time and be in an active pay status, which allows accrual of sick leave.
- Have a balance of at least 48 sick leave hours as of June 30th.
- Agree to a one-time assessment (donation) of 24 hours of sick leave for full-time employees.
- Part-time employee assessments will be pro-rated based on the percentage of effort.

Signature

I hereby request enrollment in the Sick Leave Bank (SLB), effective July 1, 2025, and authorize the transfer of 3 days (24 hours) of my unused sick leave to the bank or a prorated portion if I am less than 100% time. I also understand that the sick leave days transferred to the bank are non-refundable and that I may be subject to future assessments as determined by the SLB Trustees.

Signature

Date

RETURN FORM TO HUMAN RESOURCES

910 Madison Avenue, Suite 764

Fax: 901.448.8481

Email: bmarti75@uthsc.edu

MUST BE RECEIVED BY JUNE 30, 2025