



EMPLOYEE SICK LEAVE BANK ENROLLMENT/WAIVER FORM

To enroll into the Employee Sick Leave Bank complete section 1 of this form. If you choose not to enroll complete section 2 of the form,

ENROLLMENT – SECTION 1

I, _____, a regular full-time or part-time employee,
(Print Name legibly)

authorize the College to transfer _____ day(s) equating to _____ hours from my sick leave accrual to the employee sick leave bank. Members will be asked to contribute a minimum of one day each year to continue membership in the bank.

I understand that only employees who have been employed as of September 30th will be eligible for enrollment. I also understand that the Employee Sick Leave Bank covers sickness of employee **only**. I further understand and agree to the provisions of the Employee Sick Leave Bank and relieve Hagerstown Community College of any liability resulting from action taken by College Administration.

Employee Signature _____ Date _____

WAIVER – SECTION 2

I, _____, a regular full-time or part-time employee,
(Print Name legibly)

do not wish to enroll into the Employee Sick Leave Bank. I do not authorize the College to transfer any days from my sick leave accrual to the employee sick leave bank. However, I reserve the right to choose enrollment into the Employee Sick Leave Bank during subsequent open enrollments without penalty.

Employee Signature _____ Date _____