

TRENHOLM STATE COMMUNITY COLLEGE
Sick Leave Bank Contribution Form

CONTRIBUTION FORM

Note: Membership is required in order to donate days

Employee's Name

A#

Please check one of the following:

- _____ Number of days contributed to the sick leave bank for any participating member of the institutional sick leave bank whose leave has been exhausted:

- _____ Number of days shall be contributed to _____ whose sick leave has been exhausted.

Effective Date of Contribution: _____

CONTRIBUTOR'S SIGNATURE

DATE

Please send this application to: Dr. Pam Rollins
Chairperson, Sick Leave Bank Committee
A/B Bldg., Rm B107, Trenholm Campus

Date received by the SLB Committee: _____

Copy sent to Contributor: _____

Days awarded by the SLB Committee: _____

Copy sent to Payroll : _____

Signature of SLB Committee Chairperson

Date

Signature of Dean of Financial & Administrative Services

Date