

TRENHOLM STATE COMMUNITY COLLEGE
Sick Leave Bank Membership Application

APPLICATION FOR MEMBERSHIP

Please Print

EMPLOYEE NAME

A#

I WISH TO PARTICIPATE IN THE TRENHOLM STATE COMMUNITY COLLEGE SICK LEAVE BANK AND AUTHORIZE THAT 5 DAYS BE DEDUCTED FROM MY PERSONAL LEAVE ACCOUNT AND DEPOSITED TO THE SICK LEAVE BANK ACCOUNT.

SIGNATURE

DATE

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

Date Received: _____

Copy to Payroll: _____