

**TENNESSEE STATE EMPLOYEES
SICK LEAVE BANK**

ENROLLMENT FORM
(Please Print or Type)

EMPLOYEE SOCIAL SECURITY NUMBER _____

NAME _____
Last First Middle

ADDRESS _____
Street City/State Zip Code

SCHOOL OR DEPARTMENT _____

SCHOOL PHONE _____ HOME PHONE _____

I hereby apply for membership in the Wilson County Schools Sick Leave Bank. I acknowledge that I have read the Sick Leave Bank Guidelines and agree to abide by all stipulations as set forth therein.

By signing below, I further acknowledge the following:

- I have read and am aware of the provisions of the bank and do hereby contribute one (1) of my sick leave days.
- I have read and understand the provisions of the bank and hereby relieve the Wilson County School System from any liability as a result of any action by the Board of Trustees.
- I understand that the Sick Leave Bank Board of Trustees may assess an additional day or days after proper notice up to a maximum of three (3) days.
- I understand that this initial donation and subsequent assessments are non refundable and non transferable.
- I understand that cancellation of this authorization may only be made by written notice to the trustees and would thereafter be effective on the following June 30.

Signature

Date

The following are questions most often asked about the Sick Leave Bank. This is not meant to be a complete listing of the rules governing its operation. For further information, read Tennessee Code Annotated 8-50-901-8-50-910 and request a copy of the guidelines by calling your Human Resources office.

What is the Sick Leave Bank?

The Sick Leave Bank is a pool of members' sick leave days. It provides emergency sick leave to members who have suffered disability due to an unplanned personal illness or injury and who have exhausted their personal annual, sick and compensatory leave balances.

How do I qualify to be a member?

You must be a state government employee who is entitled to accrue sick leave pursuant to Tennessee Code Annotated 8-50-802.2) have been employed by state government for twelve (12) full months immediately preceding application for participation, and 3) have a sick leave balance of at least six (6) days as of October 31.

How do I know if I am accepted as a member?

If you meet membership conditions and submit your application before the end of the enrollment period, the one (1) day will be deducted from your sick leave balance. This deduction will appear in the area showing your leave balances on the paycheck stub you receive November 30. (Note: Donations to the Sick Leave Bank are non refundable and non transferable to another sick leave bank program.)

If I join during this enrollment period, when may I request leave from the bank?

December 1

What is the process of requesting leave from the bank?

Withdrawal Request and Medical Certification forms are available from your Human Resources office by calling 443-8728.

Completed forms must be submitted to the Human Resources Office. A determination will be made, as to the appropriateness, of the request by the Sick Leave Bank Administrator. The initial determination shall be made within ten (10) calendar days of receipt of the request. You, as well as your agency personnel office, will receive a copy of the decision.

A member shall not receive any sick leave from the bank until all accumulated sick, compensatory and annual leave is exhausted and the member has been in a without pay status for five (5) days. If approved for Sick Leave Bank, payment will start on the sixth (6) day of without pay status.

Leave grants from the bank shall not be more than twenty (20) consecutive days for which the member would have otherwise lost pay. The maximum number of days any member may receive as a result of any one illness, or recurring diagnosed illness, or accident is ninety (90).

Grants of sick leave from the bank shall not be made to any member because of elective surgery, illness of any member of the participant's family, or during any period the member is receiving disability benefits from social security or the state retirement plan or worker's compensation benefits.

Who are the Sick Leave Bank Committee Members?

The Sick Leave Bank Committee Members are two members of the Board, two Wilson County Education Association Representatives, and the Superintendent of Schools.

Why Should I join the Sick Leave Bank?

You could view being a member of the Sick Leave Bank as an insurance policy you hope you won't have to use. In case of an approved disabling illness or accident, your income could be protected for a maximum of sixty (60) work days.

If you personally do not need to use from the bank, you could be helping fellow members recover from an approved disabling illness or accident.