

**The University of Alabama in Huntsville
Sick Leave Bank Enrollment Form**

Date: _____ Social Security Number: _____

Employee Name: (Please Print) _____
Last First MI

Department: _____ Job Title: _____

Current Sick Leave Balance: _____

Number of Sick Leave hours to be deposited*: _____
(minimum of 8 hours at initial enrollment)

Certification

This is to certify that I have read and understand the University of Alabama in Huntsville's Sick Leave Bank Policy and agree to abide by all the terms and conditions contained therein. I further request that the number of hours indicated above be deducted from my accrued sick leave balance and deposited in the Sick Leave Bank. I understand that this deposit is irrevocable and I agree to make further deposits as required to maintain the minimum balance of the Sick Leave Bank.

Employee Signature Date

Supervisor's Signature Date

For Human Resources Use Only

Current Sick Leave Balance: _____

Hours approved for deposit: _____

Processed by: _____ Date: _____

* Employees are reminded that unused sick leave may be applied toward creditable service under the Teachers' Retirement System of Alabama. A maximum of 12 days for each year of credited service may be applied toward retirement credit. Employees should consider the financial impact of losing Teachers' Retirement System creditable service before enrolling in the Sick Leave Bank. Under no circumstances will leave time deposited in the SLB be reinstated or transferred back to the participating employee for any reason, including for retirement plan purposes.