



## 2023-2024

### Sick Leave Bank Application for Nurses ONLY

Name: \_\_\_\_\_ Employee ID# \_\_\_\_\_

Position: \_\_\_\_\_ Location: \_\_\_\_\_

#### Membership Requirements:

- Must donate two (2) compensable days
- Maximum withdrawal may not exceed 50% of membership

I understand that joining the sick bank requires a donation of two (2) compensable days.

I wish to join the Sick Leave Bank

I wish to drop out of the Sick Leave Bank  
(Previously donated days are not returned)

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Employee: Please return this form to the Human Resources Department by  
September 30, 2023.**

**\*\*\*\*\*Office use only\*\*\*\*\***

Membership Approved

Membership Denied due to: \_\_\_\_\_