



Human Resources  
University of Massachusetts Medical School  
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## University of Massachusetts Medical School

### Employee Sick Leave Bank Enrollment Form

**FOR EMPLOYEES NOT COVERED BY A COLLECTIVE BARGAINING AGREEMENT WITH THE EXCEPTION OF SHARE AND NAGE EMPLOYEES**

I wish to voluntarily participate in the UMass Sick Leave Bank established for eligible employees at UMass Medical School.

I have read the Sick Leave Bank policy and agree to and understand the stipulations set forth in the policy.

I understand that HR will verify that I have enough sick time accruals as of June 30, 2015 to enroll me effective July 1, 2015. I authorize Human Resources to deduct 16 hours from my sick time accruals and enroll me in the Sick Leave Bank if I have the required hours.

Please type or print information below clearly

Number of Hours Assigned: 16

Name: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Return Form to Human Resources**

For HR Use Only:		
Sick Time Balance _____	FTE _____	Union Code _____

**Please Complete Form and Click Here to Submit**