



Department of Human Resources
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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, 2016 to enroll me effective July 1, 2016. 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 _____