



**ISTC SICK LEAVE BANK**  
**Enrollment Form**

**Authorization Form for Contribution of Sick Leave Days Required for Sick Leave Bank Membership**

**\*\* Required minimum deposit is two days. \*\***

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Employee Number/Last Four Digits of SSN

\_\_\_\_\_ I hereby request membership in the ISTC Sick Leave Bank. (initial)

\_\_\_\_\_ I do not wish to participate in the ISTC Sick Leave Bank. (initial)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*In accordance with the guidelines for ACCS Board of Trustees' Policy 610.01, Leaves With Pay: On at least an annual basis, at the beginning of the leave year, the Committee will distribute contribution forms to all eligible non-member employees. Forms for requesting loans from the bank shall be available on the ISTC website.*

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**FOR OFFICE USE ONLY**

Current Number of Sick Leave Days: \_\_\_\_\_

Committee Approval Date: \_\_\_\_\_