



# UNIVERSITY OF MASSACHUSETTS CHAN 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 Chan Sick Leave Bank established for eligible employees at UMass Chan Medical School. I have read the Sick Leave Bank policy (Available on the HR Web Site) and agree to and understand the stipulations set forth in the policy. I understand that Human Resources will verify my eligibility in regards to service time and sick hours available before enrolling me. I authorize Human Resources to deduct 16 hours from my sick time accruals and enroll me in the Sick Leave Bank if I have met the requirements.

Authorized Hours to Donate: 16

### ALL FIELDS ARE REQUIRED

Date Of Request:

MM/DD/YYYY

ID and Name of Employee Requesting:

ID

Last name, First name

Department:

Job Title:

E-mail

I agree my electronic signature is the equivalent of my manual/handwritten signature on this enrollment form.

Signature

Please email this completed form to: [Benefits.UMMS@Umassmed.edu](mailto:Benefits.UMMS@Umassmed.edu)

Benefits will review this information for compliance and email a response to you as soon as possible