



Sick Leave Bank – Annual Enrollment/Re-Enrollment

TO: All Eligible Faculty, Administrative and Civil Service Staff

Employees eligible to participate in the Sick Leave Bank now have the opportunity to enroll or re-enroll in the program. The month of January is the open Enrollment Period for Sick Leave Bank participation. ***Initial enrollment requires a 2 day donation. Eligible employees who elected to participate in the Sick Leave Bank last year must donate a minimum of one day of accumulated leave to continue participation.***

Please go to the Sick Leave Bank Policy to determine eligibility,
http://www.eiu.edu/~humanres/forms/sick_leave_policy.pdf

Eligible employees that wish to enroll or re-enroll must complete the attached *Request for Donation of Leave form* and return to Benefit Services, Room 2031 Old Main, by end of business day, February 1, 2010. Please direct inquiries to the Benefit Services office @ 581-5825.

EASTERN ILLINOIS UNIVERSITY HUMAN RESOURCES FORM

REQUEST FOR DONATION OF LEAVE

NAME _____ E # _____

RANK/TITLE _____ % APPOINTMENT _____

DEPARTMENT _____ WORK PHONE _____

ENROLLMENT

Initial Enrollment _____ **Enrolled Last Year** _____

I AM DONATING _____ DAY(S) CUMULATIVE SICK LEAVE

I AM DONATING _____ DAY(S) CUMULATIVE ACCRUED LEAVE

I have read the guidelines for the sick leave bank and voluntarily donate the above day(s) to the bank. I understand I will be able to request withdrawal of days from the bank according to the guidelines, should it become necessary.

****Donation of time goes to a "pooled" bank and cannot be donated to specific individuals.****

I understand as the donating employee I must retain a minimum of five (5) accumulated leave days in my personal account at the time of the donation process.

Signature of Employee

Date

FORWARD TO BENEFIT SERVICES

*** For Office Use Only ***

() Initial Enrollment Donation (Minimum of 2 days)

() Annual Donation (Minimum of 1 day)

() Approved () Denied

Benefit Services

Date

Reason(s) if denied:

S/L Balance _____

Accrued Leave Balance _____

of Days Approved for Transfer _____