



WESTERN ILLINOIS UNIVERSITY

SICK LEAVE BANK DONATION/REVOCAION FORM
(Enrollment/revocation changes may only be submitted annually, usually Benefits Choice period of May 1 – 31)

TO BE COMPLETED BY THE EMPLOYEE DONATING LEAVE

Name, Rank/Title, Department, Campus Address, WIU I.D. #, Percent Appointment, Office Phone

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ENROLLMENT

Donation will be deducted from your designated leave the latter part of June.

( ) Initial enrollment ( ) Currently in bank, changing type of leave to be donated

Leave Balances: Cumulative Sick, Cumulative Vacation, Non-cumulative Sick

I am donating one (1) day of: (please check one)

- Cumulative sick leave
Cumulative vacation
Non-cumulative sick leave – For those employees who do not earn cumulative sick leave and have been employed for at least 6 months.

I have read and understand the Voluntary Sick Leave Bank Policy and voluntarily donate the above day. I will have a minimum of 10 cumulative leave days (if earning cumulative leave) available for personal use after this donation. I understand I will be able to request withdrawal of days from the bank according to the policy should it become necessary.

Signature, Date

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REVOCAION

Membership in the Sick Leave Bank continues from year-to-year with an annual reduction in leave until/unless the member submits this revocation form to discontinue membership.

I hereby revoke my membership in Western Illinois University's Sick Leave Bank.

Signature, Date

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FORWARD TO HUMAN RESOURCES, SHERMAN HALL 105