

KNOX COUNTY SCHOOLS  
**CLASSIFIED SICK LEAVE BANK  
ENROLLMENT REQUEST**  
865-594-1682

**Please type or use ball point pen.**

Employee Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Position \_\_\_\_\_

School or Department: \_\_\_\_\_

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- I hereby request to be enrolled in the Sick Leave Bank and authorize the transfer of three days of my unused sick leave to the Bank. I also understand that the sick leave days transferred to the bank are non refundable and that I am subject to future assessments as determined by the Bank Trustees. In the event of an assessment the membership must be notified in writing at least thirty (30) days prior to the effective date of the assessment. **The enrollment request is not valid until it has been received by the Benefits & Employee Relations Department. Open enrollment is August, September and October of each year. Any requests received after 4:30 p.m. on the last working day of October will not be valid.**
  
- I understand that sick leave bank days will not be granted during the first year of my enrollment for any pre-existing illness. Members who have been in the Sick Leave Bank for at least thirty (30) days and met the assessment requirements are eligible to apply for sick leave days from the Bank by completing the Request form and the Physician's Statement.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Send completed form to:	<b>KNOX COUNTY SCHOOLS BENEFITS &amp; EMPLOYEE RELATIONS DEPARTMENT P.O. BOX 2188 KNOXVILLE, TN 37901</b>	or	<b>FAX to: (865) 594-9523</b>
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<b>For Office Use ONLY</b>
Emp. # _____ Assessment Date _____ # of Days _____