

**KNOX COUNTY SCHOOLS**  
**CERTIFIED EMPLOYEES' SICK BANK**  
**ENROLLMENT REQUEST**

(Please type or use ball point pen.)

Employee Name as Used by Payroll Department: \_\_\_\_\_

Employee Number or Social Security Number: \_\_\_\_\_

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

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- I hereby request to be enrolled in the Certified Employees' Sick Leave Bank and authorize the transfer of three (3) days of my unused sick leave to the Bank. I understand that the sick days transferred to the Bank are non-refundable and that I am subject to future assessments as determined by the Certified Employees' Sick Bank Board of Trustees. I also understand that this enrollment request is not valid until it has been received by the Certified Employees' Sick Bank Office and any requests *received after 4:30 PM on the last working day of October* ***will not*** be valid. Open enrollment for the Sick Bank is August, September, and October of each year.
- I understand that I must be a member of the Sick Bank for at least thirty (30) calendar days and must have met all assessment requirements to be eligible to use the Bank. I also understand that I must be a member of the bank for ninety (90) calendar days before I can use the bank for any pre-existing illness. A "Request to Use Sick Leave Days" and a "Physician's Statement" are both required when making application to use the Sick Bank.

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

Use the school system mail delivery, FAX to 594-9523, or

<b>Mail Completed Form To:</b>	<b>Knox County School System Benefits &amp; Employee Relations Department Certified Employees' Sick Bank P.O. Box 2188 Knoxville, TN 37901-2188</b>
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<b>For Office Use ONLY</b>
Date of Receipt: _____ Received by: _____