

COMBO (Open Enrollment) Sick leave Bank Membership Application

To:	Personnel Department	
From:		
	Employee's Name (please print)	Location
I hereby authorize the donation of one (2) of my accumulated sick leave days to the COMBO Sick Leave Bank. I understand that I am not eligible to draw from the bank until I have completed twelve (12) months of service after joining.		
	Employee's Signature	 Date
Personnel Department Use Only		
Sick leave Bank Enrollment Acknowledgement		
This is to acknowledge your enrollment in the sick leave bank.		
Employee	Benefits Specialist	Date

C: Employee

Effective: 07/01/2018 Rev 03/11/2020