

UNIVERSITY STAFF ASSOCIATION AFFILIATE OF THE MTA/NEA
SICK LEAVE BANK DONATION AND ENROLLMENT FORM

I wish to voluntarily participate in the USA/MTA/NEA Employee Sick Leave Bank. I authorize the Division of Human Resources to assign one (1) or more of my personal sick leave days to said Sick Leave Bank. I understand that I must have at least three (3) days of personal sick leave in order to become a member of the Bank.

NUMBER OF DAYS TO BE ASSIGNED _____

(if blank, 1 day of personal sick leave will be assigned)

NAME (please print) _____

EMPLOYEE NUMBER _____

DEPARTMENT _____

SIGNATURE _____ DATE _____

The day(s) you have assigned to the USA/MTA/NEA Sick Leave Bank will be deducted directly from your sick leave balance.

Questions concerning the Sick Leave Bank may be referred to the USA/MTA/NEA Office (545-0165) or Kelly Dickinson (545-1478) in Human Resources.

Please make a copy of your completed form for your records and forward the original to:

Division of Human Resources
University of Massachusetts
325 Whitmore Administration Building
Amherst, MA 01003

For receipt by: Friday, February 28, 2003