

# County of Dukes County

## Enrollment in Optional Sick Leave Bank

### Optional Sick Leave Bank Enrollment Information

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

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Re: Personnel Bylaws, 11.12, Sick Leave Bank

I, \_\_\_\_\_, the undersigned employee of the County of Dukes County, do hereby request to enroll in the optional Sick Leave Bank.

I understand that membership in the Sick Leave Bank requires an initial contribution of two (2) of my accumulated sick leave days. If I am currently on probation, the two (2) days will be deducted upon the successful completion of the six-month probationary period.

I understand that membership in the Sick Leave Bank may require the contribution of one (1) additional day per year thereafter to be deducted in July.

I understand that if the Sick Leave Bank is exhausted, I agree to contribute one (1) additional day as determined by the Sick Leave Bank committee.

I understand that all of my contributions of sick leave days to the Sick Leave Bank will be deducted from my accumulated sick leave days and these days are not refundable under any circumstances

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

*Please Note:*

1. An employee who has not joined the Sick Leave Bank SHALL NOT be eligible to draw from the Bank.
2. In order to draw days from the Sick Leave Bank, adequate medical evidence of serious long-term illness must accompany the Application for Sick Leave Bank Days, which can be obtained from either the Department Head or from the Sick Leave Bank Committee.
3. The Sick Leave Bank Committee reserves the right to request information, as it deems appropriate, in order to make its decision regarding any application for the use of Sick Leave Bank days. All information will remain confidential.
4. Applications for Sick Leave Bank Days shall be submitted in a sealed envelope to the County Manager.

### Department Head Certification

I hereby certify that the above-named employee's accumulated sick leave has been reduced by two (2) days as required for the initial contribution into the Sick Leave Bank. If the employee is still on probation, I certify that I acknowledge the individuals request to join the Sick Leave Bank and that I will deduct the two (2) days upon the successful completion of the probationary period

\_\_\_\_\_  
*Department Head Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Personnel Manager's Concurrence with accumulated sick leave time*

\_\_\_\_\_  
*Initials:*