



PITTSYLVANIA COUNTY

SICK LEAVE BANK OPEN ENROLLMENT FORM

Please review the Pittsylvania County Personnel Policies Manual, Section 6.2, G for terms and conditions for participation in this program. By completing this form, the employee donates 16 hours of his/her sick leave to the County's sick leave bank. After reviewing this information, please complete and return this form to the Human Resources Department.

****Please note that once you have enrolled, you do not have to re-enroll on an annual basis. Members will be notified whenever an assessment is required. A member not wanting to participate in the assessment may terminate membership in the Bank by notifying Human Resources and/or designee, in writing, within ten (10) work days from the date of the notice.**

(PLEASE PRINT)

Name: _____

Last

First

M.I.

Department: _____

Please check one:

I will participate in the Sick Leave Bank and agree to comply with the terms and conditions specified in the Policy.

I will not participate in the Sick Leave Bank.

Employee Signature: _____ Date: _____