



UPI Local 4100 / Northeastern Illinois University
SICK LEAVE BANK ENROLLMENT FORM

Section I. Employee Information (Please Print)

Last Name _____ First _____ M.I. _____
Univ. ID No. _____ Contact No. _____
Position Title. _____ Dept. _____ Office Ext. _____
Emergency Contact No. _____ Email: _____

Section II. Sick Leave Donation

I hereby agree to donate the initial minimum of two sick days* to the UPI Sick Leave Bank: [] yes [] no
[] I wish to donate _____ additional sick hours (you can donate up to 5 (five) additional days or 37.5 hours for the initial enrollment period ONLY. The initial enrollment period ends October 28st, 2011)
Please designate type of benefit day: [] Sick *one (1) day equates to 7.5 hours.

I understand that this donation is irrevocable and I cannot assign the donation to any specific individual. I also understand membership is limited to employees who are members of the UPI and who have a minimum balance of twelve (12) sick days after making the donation. After the initial enrollment, one (1) sick day will be automatically deducted annually on the first pay period after July 1st.

Section III. Authorization

Employee Signature Date

Return Enrollment Form to: The Office of Human Resources
Northeastern Illinois University

Form Due: No later than close of business day on Friday, November 11th, 2011

FOR OFFICE USE ONLY
Hire Date _____ Sick Time Verified by Payroll _____
Payroll Processed Date _____ Verified UPI Member _____