

**ACADEMIC AND CLASSIFIED ADMINISTRATORS' VOLUNTARY SICK LEAVE BANK  
CONTRIBUTION FORM – NEW EMPLOYEE  
(DUE: 1 month from appointment start date)**

1. A pool may be established and maintained by the voluntary contributions of accrued sick leave days by academic and classified administrators (management employees). Only administrators will be eligible for benefits from the pool. The pool will be known as the Academic and Classified Administrators' Voluntary Sick Leave Bank and shall be administered to the provisions that follow.
2. Contributions – the Academic and Classified Administrators' Voluntary Sick Leave Bank Committee may call for contributions near or at the beginning of any college year in which the balance is less than 75 days. Additional calls for contributions may be made whenever the balance is less than the current demands upon the bank. Contributions may also be accepted from employees newly appointed to administrative positions whose initial hire date as an administrator falls between calls for contributions.
3. Academic Administrators may voluntarily contribute from their accrued sick leave no less than three (3) days per call; Classified Administrators may voluntarily contribute from their accrued sick leave no less than twenty-four (24) hours per call.
4. Effect of Contribution- Contributions shall be treated as if no right to the contribution had ever accrued. Under no circumstances shall contributed time be retrievable.

(Resolution 970731-S5 was adopted by the Board of Trustees establishing the Academic Administrators' Voluntary Sick Leave Bank, and Resolution 141023-III-d-201 was adopted By the Special Trustee to include Classified Administrators in the Academic Administrators' Voluntary Sick Leave Bank to establish the Academic and Classified Administrators' Voluntary Sick Leave Bank.)

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**ADMINISTRATOR'S DECLARATION**

Name: \_\_\_\_\_ I.D.#: \_\_\_\_\_  
College Mailing Address: \_\_\_\_\_ College Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone No. \_\_\_\_\_

\_\_\_\_\_ I am an **academic administrator** and wish to contribute **3 days** of my accrued sick leave to the Sick Leave Bank per Call for Contributions.

\_\_\_\_\_ I am a **classified administrator** and wish to contribute **24 hours** of my accrued sick leave to the Sick Leave Bank per Call for Contributions.

(Note: Three days / 24 hours is the minimum contribution.)

I acknowledge that I am fully aware that my contribution shall be treated as if no right to the contribution had ever accrued and that under no circumstances shall my contributed time be retrievable.

I acknowledge that upon the acceptance of my contribution, I am eligible for applying for benefits only until the next call for contributions. If I do not contribute at the next call, I will no longer be eligible to apply for sick leave bank benefits regardless of any previous contributions.

I acknowledge that I have read Resolutions 970731-S5 and 141023-III-d-201 in their entirety and understand and accept the conditions therein.

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Administrator's Signature

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Date