



2025-2026

Sick Leave Bank Application for Nurses ONLY

Name: _____ Employee ID# _____

Position: _____ Location: _____

Membership Requirements:

- Must donate two (2) compensable days
- Maximum withdrawal may not exceed 50% of the membership

I understand that joining the sick bank requires a donation of two (2) compensable days.

I wish to join the Sick Leave Bank

I wish to drop out of the Sick Leave Bank
(Previously donated days are not returned)

Employee Signature _____ Date _____

**Employee: Please return this form to the Human Resources Department by
September 30, 2025.**

*******Office use only*******

Membership Approved

Membership Denied due to: _____