

**CITY OF SUFFOLK  
APPLICATION FOR SICK LEAVE BANK MEMBERSHIP**

**TO BE COMPLETED BY EMPLOYEE AND FORWARDED TO THE HUMAN RESOURCES DEPARTMENT:**

Name: \_\_\_\_\_  
Last First M.I.

Employee ID Number: \_\_\_\_\_

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

I hereby request to participate in the City of Suffolk Sick Leave Bank and authorize the immediate contribution of eight (8) hours, (16 hours for fire suppression), of my accumulated sick leave to initiate membership in the Sick Leave Bank. I understand that, on January 1<sup>st</sup> of each year hereafter, I will be required to contribute an additional eight (8) hours, (16 hours for fire suppression), of accumulated sick leave to continue my participation. I also understand that a special assessment of eight (8) hours, (16 for fire suppression), from each participating employee is required at any time that the number of hours in the bank falls below 1600 hours. The applicant hereby authorizes access by the Sick Leave Bank Administrator(s) to any personnel records necessary for action on this application. Applicant further certifies that he/she has carefully read the Sick Leave Bank Policy, and agrees to comply therewith.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

\* \* \* \* \*

**TO BE COMPLETED BY THE HUMAN RESOURCES DEPARTMENT:**

- |   | Yes   | No    |
|---|-------|-------|
| 1. Has the applicant been employed by the City for at least one (1) year? | _____ | _____ |
| 2. Is the employee a regular full-time employee?                          | _____ | _____ |
| 3. Has the employee completed his/her probationary period?                | _____ | _____ |
| 4. Has the employee accumulated at least 80 hours of sick leave?          | _____ | _____ |
| 5. The employee meets eligibility criteria for membership.                | _____ | _____ |
| 6. Reason for Non-Acceptance _____  |       |       |
| _____   |       |       |

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date