SOUTHWEST TENNESSEE COMMUNITY COLLEGE

NON-FACULTY SICK LEAVE BANK
NOTICE OF ASSESSMENT

As a member of the _____________________________ Sick Leave Bank, you are hereby notified of an assessment of _______ hours from your accrued personal sick leave balance effective (date) ______________. This assessment is made in accordance with the statutory provisions and institutional or technology center regulations governing the sick leave bank and is based upon projected potential need of the bank’s membership. Once authorized by you, this assessment of hours is nonrefundable and nontransferable.

__________________________________
Trustee Chairperson Signature

__________________________________
Date

Member Authorization

__________________________________
Signature

__________________________________
Date

ONCE AUTHORIZED BY MEMBER, THIS NOTICE OF ASSESSMENT MUST BE FORWARDED TO THE HUMAN RESOURCES OFFICE IMMEDIATELY