

**CITY OF KNOXVILLE**  
**Sick Leave Bank Enrollment Form**

Membership in the City's Sick Leave Bank entitles participants to request sick leave days in the event of a catastrophic illness, injury or impairment resulting in the depletion of the employee's sick, annual, forfeited and advanced leave balances. Participation in the Sick Leave Bank is strictly voluntary. The Committee of Trustees has set the initial enrollment assessment at two (2) days, which will be assessed to the employee's sick leave balance upon enrollment. Please refer to the Sick Leave Bank Policy for complete information regarding additional conditions and limitations of this program.

**EMPLOYEE INFORMATION**

Name: \_\_\_\_\_ Employee ID# \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone #: \_\_\_\_\_ Hire Date: \_\_\_\_\_

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

I hereby apply for membership in the Sick Leave Bank as authorized in the Administrative Rules of the City of Knoxville. My signature below indicates that I have read and understand the Sick Leave Bank Policy and agree to abide by the terms and conditions of membership set forth therein. Furthermore, I understand that regular assessments may be made to my sick leave balance as a condition of membership and that all donations of sick leave to the bank are **non-refundable**.

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

To enroll, this form must be submitted to Civil Service within 45 days of your hire date  
or during the annual open enrollment period.

**FOR CIVIL SERVICE USE ONLY**

Sick Leave Bank Membership is: ☐ APPROVED ☐ DENIED

Reason for denial: \_\_\_\_\_

Civil Service Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Employee Notification**

In accordance with the provisions of the Sick Leave Bank policy, two days (16 hours) will be deducted from your sick leave balance effective \_\_\_\_\_, \_\_\_\_\_. If you intend not to comply with this enrollment assessment, you must submit written notification to the Civil Service Director prior to this date. Such notification shall be construed as a withdrawal of your application for Sick Leave Bank membership. Any questions regarding the terms and conditions of the Sick Leave bank policy should be directed to the Civil Service Department at 215-2106.