

Faculty Sick Leave Bank

Notice of Assessment

As a member of the Northeast State Technical Community College Faculty Sick Leave Bank, you are hereby notified of an assessment of 22.5 hours from your accrued personal sick leave balance effective immediately. This assessment is made in accordance with the statutory provisions and institutional 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 non-refundable and non-transferable.

TRUSTEE CHAIRPERSON SIGNATURE: _____

DATE: _____

MEMBER AUTHORIZATION: _____

DATE: _____

** Once authorized, this notice will be forwarded to the Leave Administrator immediately **