

**UNIVERSITY STAFF ASSOCIATION AFFILIATE OF THE MTA/NEA SICK
LEAVE BANK OPEN ENROLLMENT FORM**

According to the Agreement between the University of Massachusetts Board of Trustees and the University Staff Association (USA/MTA/NEA) describes the Sick Leave Bank available to USA/MTA/NEA employees. Questions concerning the Sick Leave Bank may be referred to Elizabeth Curry (tel. 413.545.5425 / ecurry@umass.edu) in Human Resources

Please complete this form **ONLY** if you choose to ****donate** additional days OR ***enroll** in the Bank.

Name: _____

Employee ID: _____ Rec#: _____ Standard Hours: _____

Sick Leave Bank Membership Status: **Member**

****DONATE** ~ (For current members of the USA/MTA/NEA Sick Leave Bank)

According to the current bargaining contract, in order to maintain membership in the Sick Leave Bank, “members must donate one (1) full sick day each year, which shall be deducted at the rate of 1/26th of a day per pay period for each of the twenty-six (26) pay periods.” This donation is occurring automatically. However, Sick Leave Bank members (with at least 14 days of sick leave) may voluntarily elect to donate additional days to the Bank.

I voluntarily elect to donate _____ additional sick leave days to the Sick Leave Bank.
(# of days)

Signature: _____ Date: _____

***ENROLL** ~ (For NON-members of the USA/MTA/NEA Sick Leave Bank)

I wish to voluntarily participate in the USA/MTA/NEA Employee Sick Leave Bank. I authorize the Division of Human Resources to assign one (1) or more of my sick leave days to said Sick Leave Bank. I understand that I must have at least three (3) days of sick leave in order to become a member of the Bank, and that 1/26th of a day per pay period will be automatically deducted from my sick accruals, and the effective date of my membership will be November 6, 2022.

Number of days to be assigned _____ (if blank, 1 day of sick leave will be assigned)

The day(s) you have assigned to the Sick Leave Bank will be deducted directly from your sick leave balance.

Signature: _____ Date: _____

Please make a copy of your completed form for your records and forward the original to:

Elizabeth Curry, 325 Whitmore Administration Building Amherst, MA 01003

or via email to ecurry@umass.edu

For receipt by: **5:00 p.m. on Monday, October 31, 2022**

For Human Resources Use Only

Date Processed by HR Admin: _____

Amount to be Deducted from Sick Leave Balance: _____ hrs

Sick balance upon OE: _____ hrs

Pay Period Adjustment Was Made: _____ Eff. Date: 11/06/22

Date Processed by Payroll: _____ (donation only)