



## Shared Sick Leave Bank Election Form

Print Name	Department

I elect to participate in the City of Wilmington Sick Leave Bank plan effective \_\_\_\_\_ and continuing until I provide written notification of my withdrawal from the program. I understand that such a withdrawal is permitted only during the annual benefits enrollment period. As a participating member, I am entitled to all the benefits afforded to participants. I understand that sick leave is a benefit and, as such, is subject to the review and approval of my supervisors and that my participation in this program does not exempt me from the required review and approval of any request for sick leave that I might submit. As a participating member of the Sick Leave Bank, I also agree to the annual assessment of my sick leave balance and any periodic assessments that may be necessary to sustain the Sick Leave Bank.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date