

SICK LEAVE BANK  
NOTICE OF ASSESSMENT

As a member of the (name of institution or college of applied technology) Sick Leave Bank, you are hereby notified of an assessment of (number) hours from your accrued personal sick leave bank balance effective (date). This assessment is made in accordance with the statutory provisions and institutional or college of applied technology regulations governing the sick leave bank and is based upon projected potential need of the bank's membership. Since 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.