

HENRY FORD COMMUNITY COLLEGE
EXTENDED SICK AND ACCIDENT PLAN
(SICK LEAVE BANK)
AUTHORIZATION NOTICE

Name: _____

- I wish to **enroll** in the plan and hereby authorize the initial donation of two (2) sick leave days to the Sick Leave Bank.

- I wish to **withdraw** from the Sick Leave Bank.

Signature: _____

Hank ID#: _____

Date: _____

This form must be received in the Office of Human Resources no later than 4:00 p.m. on February 18, 2015.

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| <p>It is the responsibility of the employee to see that the form is received in the Office of Human Resources by the deadline of: Wednesday, February 18, 2015. Forms may be sent via inter-departmental mail or hand delivered to ensure timely receipt.</p> |
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