

**HENRY FORD 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 15, 2019.

**It is the responsibility of the employee to see that the form is received in the Office of Human Resources by the deadline of: Friday, February 15, 2019. Forms may be sent via inter-departmental mail or hand delivered to ensure timely receipt.**