

ENROLLMENT
FOR PARTICIPATION IN THE MANAGEMENT SICK LEAVE BANK

I understand that as a State Manager with two years of employment, I have a one-time election to participate in the Emergency Sick Leave Bank for Managers as outlined in Management Personnel Policy 97-1. I understand that if I do not elect to participate within 90 days of completing two years of employment and/or 90 days from the effective date of becoming a manager with two years of state service, that I will be barred from making such election in the future.

I understand that if I elect to participate in the Sick Leave Bank, I will contribute the hourly equivalent of one day towards the Sick Leave Bank, and if the Sick Leave Bank falls below 5,000 hours, I may be required to make an additional contribution to the Bank at a later date.

Employee Name: _____ EE ID: _____
Official Class Title: _____
Agency: _____
Address: _____
Telephone: _____

Qualifying Event

I became a manager on: _____
Working test period completed on: _____
I reached two years as a permanent state employee on: _____

- I elect participation in the Management Sick Leave Bank.
- I reject participation in the Management Sick Leave Bank.

Signature: _____ Date: _____

Agency Human Resources Generalist Contact:

Name: _____
Title: _____
Email: _____
Telephone: _____

HR Signature: _____ Date: _____

Submit completed form to: Dawn.M.Kelly@ct.gov