



SICK LEAVE BANK DONATION/REVOCATION FORM
(Enrollment/revocation changes may only be submitted annually during the open enrollment period)

TO BE COMPLETED BY THE EMPLOYEE DONATING LEAVE

Name _____ WIU I.D. # _____

Rank/Title _____ Percent Appointment _____ Start Date _____

Department _____ Office Phone _____

ENROLLMENT -

please check one