



ADMINISTRATORS' SICK LEAVE BANK ENROLLMENT

Prior to submitting enrollment form, refer to the [ADMINISTRATORS' SICK LEAVE BANK GUIDELINES](#) for full details of this program.

I hereby authorize automatic per paycheck payroll deductions on an annual basis from my APS earnings to cover membership in the Administrators' Sick Leave Bank (ASLB).

Schedule of deductions:

- Employees earning less than \$60,000 yearly salary: \$6.50 per paycheck.
- Employees earning \$60,000 - \$79,999.99 yearly salary: \$7.00 per paycheck.
- Employees earning \$80,000 - \$89,999.99 yearly salary: \$7.50 per paycheck.
- Employees earning \$90,000 and above yearly salary: \$8.00 per paycheck.

Membership in the ASLB is continuous. (Once enrolled you need not re-enroll.) Membership may be canceled ONLY during the October open enrollment period.

- **Review enrollment parameters in the Administrators' Sick Leave Bank Guidelines.**
- **Enrollment form must be signed and returned to the Sick Leave Bank Specialist via email to Extended.Leaves@aps.edu. Be sure to keep a copy for your records.**

The ASLB program is self-funded by members of the bank. The ASLB Review Committee reserves the right to make adjustments to the deduction, following member notification of that fact, as needed to fund the program.

INCOMPLETE FORMS WILL NOT BE PROCESSED.

PRINT NAME: _____

EMPLOYEE NUMBER: _____

WORK LOCATION NAME/NUMBER: _____/_____

JOB TITLE/Work schedule (CSE, MSE, PSE, SPE): _____/_____

SIGNATURE: _____

DATE: _____