

**Benefit Services**

New Mexico State University
MSC 3HRS, Box 30001
Las Cruces, NM 88003-8001
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2025 Sick Leave Bank Enrollment/Authorization Form

9-month Faculty not eligible

Per Administrative Rules & Procedures 8.28, members of the Sick Leave Bank must have completed 2 years of regular, consecutive, employment and be enrolled in the NMSU Long Term Disability program. Forms received by the Benefit Services department during the annual enrollment will have the required sick leave hours deducted before October 1st. If an employee does not have the required number of sick leave days/hours available to donate at the time the authorization form is processed, the form will be returned to the employee and the employee must re-apply during the next enrollment period.

1. Employee Information (please print)		
Name (Last, First, Middle Initial)	Aggie ID	E-mail Address
Department Name	Department MSC	Daytime Phone # (xxx-xxx-xxxx)

The number of hours taken from the employee's sick leave balance will be calculated based on the year the employee was first eligible to enroll in the Sick Leave Bank. The schedule for Sick Leave Bank deductions is as follows:

- First year eligible to enroll (2 years of consecutive service and enrolled in long term disability) – 2 days (16 hours) donated
- Second year – 1 day (8 hours) donated
- Third year – 1 day (8 hours) donated
- Fourth year – 1 day (8 hours) donated – last year of donation

Example: If an employee was first eligible to enroll in the Sick Leave Bank Program 3 years ago and the employee enrolls for the first time this year, the employee will have 4 days (32 hours) of sick leave deducted from their sick leave balance (1st year donation + 2nd year donation + 3rd year donation).

I authorize the transfer of sick leave days/hours commensurate with the schedule listed above from my sick leave account balance into the Sick Leave Bank. I also authorize the additional 1 day (8 hours) to be automatically deducted each subsequent year until the 5 days (40 hours) required to participate in this program is met. I understand that the leave transfer will be effective the first pay period after verification of my eligibility has been established. I affirm that this leave is given freely to assist Sick Leave Bank members affected by personal emergencies, as stated in the NMSU Sick Leave Bank policy.

Employee Signature

Date

For Use by Benefit Services (July 2025 enrollments must have an adjusted service date before 07/1/2023)			
Adjusted Service Date:	LTD Effective Date:	Original Date of Eligibility:	Hours to Deduct:
<input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible	Signature: _____ Date: _____		

For Use by HRIS			
Beginning SL Balance:	Date Hours Transferred:	Transferred by: (Initials)	Ending SL Balance: