

SEIU LOCAL 888



**Service Employees International Union
AFL-CIO, CLC**

Please note: Your enrollment in any other Sick Bank on campus is not transferable as Sick Bank membership is governed by contractual agreement.

Please complete and return original to:

Elizabeth Pellerito SEIU 888 at UMass Lowell
Elizabeth_Pellerito@uml.edu

In accordance with the provisions of Article XII of the Agreement between the University of Massachusetts Lowell and the Professional Administrative Unit, Local 888 Service Employees International Union, AFL-CIO, I hereby request membership in the Sick Leave Bank and assign (indicate number) _____ day(s) of my personal sick leave accumulation to the Bank.

Print name _____

Signature _____ Date _____

52 Roland Street, Charlestown, MA 02129-1234
TEL. 617-241-3300 or 800-882-1466 • FAX (617) 241-5150