



# Sick Leave Bank Application

To Apply to Receive Sick Leave Bank Benefits

*Please note: The Sick Leave Bank Committee meets the first Tuesday of each month. Requests for the Sick Leave Bank Committee's consideration must be made, if practical, at least 30 days prior to the date the request leave is to begin.*

EMPLOYEE INFORMATION			
<b>Name:</b>		<b>Employee Number:</b>	
<b>Department:</b>		<b>Supervisor:</b>	
<b>Date of Hire:</b>	<b>Title/Position:</b>		

JUSTIFICATION FOR REQUEST
<b>Please provide a brief description of the medical emergency prompting the request.</b>

LEAVE INFORMATION			
<b>Begin Date:</b>		<b>End Date:</b>	
<b>Anticipated Leave Needed:</b> hours	<b>Annual Leave Balance:</b> hours	<b>Sick Leave Balance:</b> hours	
<b>Members of the Sick Leave Bank are eligible to receive designated donations from Madison County employees. Do you wish to have your name and a description of your need distributed to all employees?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Have you received Sick Leave Bank hours in the past 12 months?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Employee Signature:**

**Date:**

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**TO BE COMPLETED BY DEPARTMENT HEAD**

**Comments:**

**Department Head Signature:**

**Date:**

**TO BE COMPLETED BY COMMITTEE**

**Request Type:**

Original Request

Extension Request

**Decision:**

Request Approved

Request Denied

**Committee Representative Signature:**

**Date:**