



## Sick Leave Bank Application

Please note: The Sick Leave Bank Committee meets on 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 requested leave is to begin.

### Employee Information

Name:	Employee Number:	Date of Hire:
Title / Position:	Department:	Supervisor:

### Justification for Request

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### Leave Information

Begin Date:	End Date:	
Anticipated Leave Needed:	Annual Leave Balance:	Sick Leave Balance:
Have you received Sick Leave Bank hours in the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employee Signature:	Date:
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*The section below to be completed by Department Head and Committee*

### Department Head Comments

Do you recommend the employee receive Sick Leave Bank time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Department Head Signature:	Date:
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### To be completed by Committee

Request Type:	<input type="checkbox"/> Original Request	<input type="checkbox"/> Extension Request
Decision:	<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Denied

Committee Representative Signature:	Date:
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