



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

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

JUSTIFICATION FOR REQUEST

Please provide a brief description of the medical emergency prompting the request.

LEAVE INFORMATION

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

Employee Signature: _____

Date: _____

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: