

FACULTY SICK LEAVE BANK REQUEST

Member Name: _____

Department: _____

No. of Hours Requested

Effective Dates of Leave

(1 day = 7.5 Hours)

From

To

Reason for Request:

Member Signature

Date

Notice to Supervisor

Date

Continued on next page:

To Be Completed by Human Resources Office:

Accrued Sick Leave Hrs. * _____

Accrued Annual Leave Hrs. * _____

Human Resources Officer: _____
Signature

Date

*Must be equal to zero as of effective date bank leave would begin.

Trustees' Action:

Approved: _____ _____
Chairperson Signature Date

Disapproved: _____ _____
Chairperson Signature Date