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