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