



## Non-Faculty Sick Leave Bank Request Form

Member's Name \_\_\_\_\_ T# \_\_\_\_\_

Department \_\_\_\_\_

Number of hours requested\* \_\_\_\_\_ Effective Dates: From \_\_\_\_\_ To \_\_\_\_\_

\* 1 Day = 7.5 hours if 37.5 hour work week

**Reason for Request:** *(Please attached Physician's statement. Statement must include nature and cause of the disability, expected duration, prognosis as to ability to return to work, date illness was first diagnosed and determination if the disability will be recurring):*

\_\_\_\_\_  
\_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Notice to Supervisor \_\_\_\_\_ Date \_\_\_\_\_

### To be completed by Payroll Office

Payroll Cycle: Monthly \_\_\_\_\_ Semi-Monthly \_\_\_\_\_

Accrued Sick Leave Hrs. \*\* \_\_\_\_\_ Accrued Annual Leave Hrs. \*\* \_\_\_\_\_ Accrued Comp Time Hrs. \*\* \_\_\_\_\_

**\*\*Hours must equal to zero as of effective date bank leave would begin**

Employee Position # \_\_\_\_\_

Fund \_\_\_\_\_ Org \_\_\_\_\_ Acct \_\_\_\_\_ Prog \_\_\_\_\_ Percent \_\_\_\_\_

Fund \_\_\_\_\_ Org \_\_\_\_\_ Acct \_\_\_\_\_ Prog \_\_\_\_\_ Percent \_\_\_\_\_

Fund \_\_\_\_\_ Org \_\_\_\_\_ Acct \_\_\_\_\_ Prog \_\_\_\_\_ Percent \_\_\_\_\_

Payroll Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

### Trustees' Action:

Approved \_\_\_\_\_

Chairperson's Signature

Date

Disapproved \_\_\_\_\_

Chairperson's Signature

Date