

Section I: Employee Information

Employee's name: _____ UID: _____

Department: _____ Job title: _____

Email address: _____ Phone number: _____

Section II: Employee Authorization

Hours of sick leave bank requested: _____

Dates sick leave bank hours are requested: _____

I understand that my personal sick and/or annual leave accruals must be exhausted to be eligible to use hours from sick leave bank.

Employee signature: _____ Date: _____

Section III: Human Resources Authorization

Staff or Faculty Sick Leave Bank: _____

Medical documentation dated _____ is on file in confidential file.

HR Approval: _____ Date: _____

Section IV: Trustees Action

Approved date: _____

Disapproved date: _____