



# SICK LEAVE BANK WITHDRAWAL REQUEST

DATE OF APPLICATION \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

HOME PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

Date ALL leave days (sick, personal, annual) expired \_\_\_\_\_

Number of days requested \_\_\_\_\_

My absence is due to \_\_\_\_\_  
\_\_\_\_\_

My first day absent due to this condition \_\_\_\_\_

Please list compensation from other sources (i.e. disability): \_\_\_\_\_

Have you received any hours from the Sick Leave Bank in the past? If so, how many? \_\_\_\_\_

- **I have attached a physician's statement confirming the illness or injury.**
- **I understand that leave grants from the bank shall not be more than 30 consecutive days per initial days for any one illness or accident.**
- **I have attached leave record.**

\_\_\_\_\_  
Employee Signature (Or Legal Representative) Date

**(Must be submitted with Medical Certification Form)**

## SICK LEAVE BANK/APPROVAL FORM

Request Approved? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Number of days/hours approved? \_\_\_\_\_

Effective Dates \_\_\_\_\_

Comments \_\_\_\_\_

Signature \_\_\_\_\_

### **Sick Leave Bank Trustees**

Ms. Wanda Patrick  
Ms. Simone Callender  
Ms. Debbie Jackson

Dr. Samuel Maceri  
Dr. Marie Bredy