

**Tennessee Tech University
Human Resource Services Office
PO Box 5132, Cookeville, TN 38505
(931) 372-3766 or 372-3034**

SICK LEAVE BANK REQUEST

MEMBER NAME _____

MEMBER DEPARTMENT _____

Number of Hours Requested (1 day = 7.5 hours)	Effective Dates
	From To

Reason for Request _____

Member Signature _____ Date _____

Supervisor's Approval _____ Date _____

To be Completed by Human Resources Office:

Accrued Sick Leave Hours* _____ Accrued Annual Leave Hours* _____

Human Resource Services Signature _____ Date _____

Trustees' Action:

Approved _____ Date _____

Chairperson Signature

Disapproved _____ Date _____

Chairperson Signature

* Must be equal to zero as of effective date bank leave would begin.

THIS FORM MUST BE ROUTED TO THE HUMAN RESOURCE SERVICES OFFICE, CAMPUS BOX 5132. MUST ATTACH A PHYSICIAN STATEMENT WITH DIAGNOSIS, BEGINNING DATE OF ILLNESS, AND EXPECTED DURATION.

Updated: November 2003