



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 IMMEDIATELY AFTER THE TRUSTEES' ACTION, CAMPUS BOX 5132.

October 22, 2001