

### 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: \_\_\_\_\_