



# HUMAN RESOURCES

*Illinois State University*

## ILLINOIS STATE UNIVERSITY SICK LEAVE BANK REQUEST FOR SICK LEAVE CREDIT

### SECTION I. (To be completed by employee. Please type or print clearly.)

I hereby request sick leave credit through the Sick Leave Bank.

Name: \_\_\_\_\_ UID: \_\_\_\_\_

Reason for Request\* \_\_\_\_\_

Number of sick days/hours requested: \_\_\_\_\_

Have you donated at least one day of sick leave to the bank in this current fiscal year? (circle) YES NO

\_\_\_\_\_  
Employee Signature

\*Medical certification required.  
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### SECTION II. (To be completed by Human Resources)

Date Received: \_\_\_\_\_ Percent of Appointment: \_\_\_\_\_

Sick Leave Balance: \_\_\_\_\_ Extended/Non-Accumulative Balance: \_\_\_\_\_

Vacation Balance: \_\_\_\_\_ Comp. Time Balance: \_\_\_\_\_

**Request Approved:** \_\_\_\_\_ **Number of Days/Hours Approved:** \_\_\_\_\_

**Request Denied:** \_\_\_\_\_

Reason for Denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature (Human Resources)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date Copy Given to Employee)