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 the Office of 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)