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)