



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.

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)