

**Faculty Sick Leave Bank Request**

**Member Name:**

**Member Division:**

**Number of Hours Requested:**

**Effective dates (From \_\_\_ to \_\_\_):**

**Reason for Request:**

**Member Signature:**

**Date:**

**Notice to Supervisor:**

**Date:**

**To be Completed by Leave Administrator (Payroll):**

**Accrued Sick Leave Hours\*:**

**Accrued Annual Sick Leave Hours\*:**

**Leave Administrator Signature:**

**Date:**

**\*Must be equal to zero as of effective date bank leave would begin.**

**Trustees' Action:**

**Approved:**

**Chairperson Signature and Date:**

**Disapproved:**

**Chairperson Signature and Date:**