



Sick Leave Bank Withdrawal Application Form

Employee Name (Printed):

Your Building Site: Position:

Date of Request:

Have you exhausted all of your available leave? Yes No

Date of Last Day Worked:

Is this request to cover maintenance **appointments** returning from FMLA or OFLA leave? Yes No

Number of days requested:

(If "yes" above, request cannot exceed 5 days, otherwise not to exceed 20)

Reason for request:

OFFICE USE ONLY

Date Request Received Sick Bank Membership Verified

Exhausted All Paid Leave Verified

Approved

Denied

Notification to Business Office