

**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: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Mail Code/Department \_\_\_\_\_

Supervisor: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Reason for Request\* \_\_\_\_\_

Have you applied for disability from SURS? (circle)    YES    NO

Number of sick days 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 Approved:** \_\_\_\_\_ **Request Denied:** \_\_\_\_\_

Reason for Denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature (Human Resources)

\_\_\_\_\_  
Date