

**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: _____ Social Security Number: _____

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.

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