

# Leave Bank Application

<b>Part A: (Please complete in Black or Blue Ink)</b> <b>To Be Completed by Applicant</b>		<b>Check the type of leave you are applying for.</b>	
		<input type="checkbox"/> Sick Leave Bank Request <input type="checkbox"/> Catastrophic Leave Bank Request	
Last Name (Please Print Legibly)		First Name	
		SS# XXX-XX-	
Mailing Address		City	Zip Code
			Home Phone
Do you want your award notice mailed or emailed to you?			
<input type="checkbox"/> Mailed <input type="checkbox"/> Emailed (Provide Email)			
Job Title:		Work Location:	
Applicant's Signature		Date	
<b>Part B:</b> <b>To Be Completed by Benefits:</b>		Date Received :	
		Is this for Employee's own illness?    Yes    No	
Beginning Date of Illness	Date to Return to Work	Will this be Intermittent leave?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do Applicant qualify for FMLA/AMLA? <input checked="" type="radio"/> Yes <input type="radio"/> No			
<b>Part C:</b> <b>To Be Completed by Payroll:</b>		Date Received:	
Date Hired:	Hourly Salary:	Accrual Rate:	
Hours Worked:	Month Worked:	Emp ID:	
Total hours eligible from Sick Leave Bank			
Hours Granted from Bank this year prior to this request			
Remaining eligibility this year			
Hours needed to cover illness			
Number of days x hours needed		_____ Hours	thru X
		_____ Days	<div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> Total
V Days		Holidays	
Number of hours awarded by Sick Leave Bank Committee			
Chairperson		Date	
Personnel 1385 (12/21)		Return application to the Human Resources Department	