Motlow State Community College
SICK LEAVE BANK REQUEST FORM

Member Name: _____

Department: _____

No. of Hours Requested: _____

Effective Dates of Leave: (1 day = 7.5 Hours)

From _____ To _____

Reason for Request: _____

_____

_____   Date: _____
         Member Signature

Notice to Supervisor: _____   Date: _____

This section to be completed by Human Resources Office:

Accrued Sick Leave Hrs. *_____   Accrued Annual Leave Hrs. *_____

Human Resources Officer:

_____   Date: _____

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

Trustees' Action:

( ) Approved
( ) Disapproved

Chairperson's Signature: _____   Date: _____