

# SICK LEAVE BANK UTILIZATION APPLICATION

Employee \_\_\_\_\_

Department \_\_\_\_\_ Job Title \_\_\_\_\_

Reason for Utilization \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Beginning Date of Absence \_\_\_\_\_ Probable Length of Absence \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Application **Must** Include:

- Physician's Certificate including:
  - ❖ Length of absence (beginning and ending dates)
  - ❖ Medical Certification
  - ❖ Statement that Member is totally unable to work
- Supervisor's Signature of Verification

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**COUNTY ADMINISTRATION USE ONLY:**

1. \_\_\_\_\_ Employee is a Member of the Sick Leave Bank
2. \_\_\_\_\_ Physician's Certificate includes:
  - a. \_\_\_\_\_ Length of absence
  - b. \_\_\_\_\_ Medical Certification
  - c. \_\_\_\_\_ Statement that Member is totally unable to work
3. \_\_\_\_\_ Employee has used all available sick leave benefits

\_\_\_\_\_ **Approved**      \_\_\_\_\_ **Not Approved**

\_\_\_\_\_ **Human Resources Manager**      **Date** \_\_\_\_\_

\_\_\_\_\_ **Payroll Clerk**      **Date** \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE PAYROLL CLERK'S OFFICE**