

RSCC NON-FACULTY SICK LEAVE BANK REQUEST

Complete this section and forward to the Human Resources department. **Send a copy of the timesheet/s showing when Bank leave will be used and the completed physician's statement to the SLB chairperson (Ruth Lee Melton).** Once these documents are received, you will be notified of the trustees' action within ten workdays.

Member Name: _____ Work extension: _____

Member Dept.: _____ Campus: _____

Number of hours requested: _____ Effective dates: from _____ to _____
(1 day = _____ hours)

Reason for request: (Use back of sheet if more space is needed.)

Member's signature _____ Date _____ Supervisor's signature _____ Date _____

Leave balance verification: (to be completed by Human Resources office)

*Hours accrued as of date of request: sick _____ annual _____ comp _____

Human Resource verifier signature _____ Date _____

*Must be zero on date Bank leave is to begin.

When verification is complete, please forward to SLB chairperson.

SLB trustees' action: Initial request___ 2nd request___ 3rd request___

APPROVED: _____
Chairperson's signature _____ Date _____

DENIED: _____
Chairperson's signature _____ Date _____

The decision of the trustees may not be appealed beyond that body.

Original to: SLB chairperson Copy to: personnel file, employee