

RSCC FACULTY SICK LEAVE BANK REQUEST

Complete this top section and send 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 FSLB chairperson. Once these documents are received, you will be notified of the trustees' action within ten workdays.

Member Name: _____ Work extension: _____

Member Division: _____ 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 FSLB chairperson.

FSLB Trustees' Action: Initial request__ 2 nd request__ 3 rd 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 FSLB Chairperson

Copies to Employee, Human Resources, Division Office