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: _______________________________ Date __________

Chairperson’s signature _______________________________

DENIED: _______________________________ Date __________

Chairperson’s signature _______________________________

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

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