SICK BANK LEAVE REQUEST FORM

ONLY EMPLOYEES WHO HAVE DONATED TO THE BANK ARE ELIGIBLE TO REQUEST SICK LEAVE FROM THE POOL.

Name _____ WIU ID No. _____

Rank/Title _____ Percent Appointment _____

Department _____ Office Phone _____

Campus Address _____

An employee who is a member of the Voluntary Sick Leave Bank may request sick leave (maximum of twenty working days) from the pool after exhausting accumulated leave. Leave may be requested and used only for catastrophic personal illness or injury of the employee or to care for a parent, spouse, domestic partner, or child with a serious health condition as stipulated under the Family and Medical Leave Act (FMLA). A licensed medical practitioner's statement describing the severity of the illness or injury, the diagnosis, the date it began, and probable duration must be included with this request.

I hereby request approval of the following Sick Leave Bank usage:

Number of Days Requested _____ Beginning Date of Leave _____

Reason for Request _____

_____

Name of person experiencing catastrophic illness or injury and relationship to the employee _____

A licensed medical practitioner's statement describing the severity of the illness or injury, diagnosis, the date it began, and probable duration is attached .

_____ _____

Signature of person making request Date

(If requestor is other than the employee, please indicate relationship to the employee)

TO BE COMPLETED BY THE SICK LEAVE BANK COMMITTEE

Date Received _____ Membership Verified _____

Cumulative Leave Balance _____ Number of Days Approved _____

Non-cumulative Leave Balance Number of Days Used

For completion by a LICENSED MEDICAL PRACTITIONER

Answer, full and completely, all applicable parts. Your answer should be your best estimate based uponyour medical knowledge, experience, and examination of the patient.

Severity of the illness or injury:

Diagnosis:

Date it began:

Probable duration:

Signature of Licensed Medical Practitioner

Date

3 U D F W L Name and business address:

Type of practice / Medical specialty:

Telephone:

Fax: