

Motlow State Community College  
SICK LEAVE BANK REQUEST FORM

Member Name: \_\_\_\_\_

Department: \_\_\_\_\_

No. of Hours Requested: \_\_\_\_\_

Effective Dates of Leave: (1 day = 7.5 Hours)

From \_\_\_\_\_ To \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_  
Member Signature

Notice to Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**This section to be completed by Human Resources Office:**

Accrued Sick Leave Hrs. \* \_\_\_\_\_ Accrued Annual Leave Hrs. \* \_\_\_\_\_

Human Resources Officer: \_\_\_\_\_ Date: \_\_\_\_\_

\*Must be equal to zero as of effective date bank leave would begin\*

Trustees' Action:

- ( ) Approved
- ( ) Disapproved

Chairperson's Signature: \_\_\_\_\_ Date: \_\_\_\_\_