

**City of Blair Sick Leave Bank Request Form**

Employee Information:

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

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

Position: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Request Details:

Reason for Request: (Please describe the Extended Health Challenge and how it affects you or your immediate family member. Please provide any documentation that you feel supports your leave request. Please attach any additional pages as needed to explain your request.)

Relationship to Immediate Family Member (if applicable): \_\_\_\_\_

Total Number of Sick Leave Hours Requested: \_\_\_\_\_ (Maximum 160 hours within one rolling 12-month period)

Leave Balances:

Current Sick Leave Balance: \_\_\_\_\_ hours

Current Comp Time Balance: \_\_\_\_\_ hours

Current Floating Holiday Balance: \_\_\_\_\_ hours

Current Vacation Leave Balance: \_\_\_\_\_ hours

Acknowledgment: I certify that I have exhausted all my sick time, comp time, floating holiday, and all but 40 hours of my vacation leave. I understand that my request will be reviewed by the Review Team and that approval is based on the merits of my request and the availability of days in the sick leave bank.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For HR Department Use Only:

Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Total Hours Approved: \_\_\_\_\_

## Request Process:

Submit this request form along with relevant medical documentation to the Human Resources department.

The Review Team will review the request and provide a response within two weeks.

Approval or denial will be based on the merits of the request and the available days in the sick leave bank.