

Application to Withdraw Hours from the Sick Leave Bank

Employee Name: _____

Position: _____

Department: _____

Brief Description of Illness or Injury. Attach a Physician's statement including time expected to be off the job.

First date off from work: _____

Expected return date: _____

Estimated number of hours requested for withdrawal: _____ (not to exceed 720hrs)

Employee's Signature: _____ Date: _____

This section for HR use only.

Current Sick Leave Balance: _____

Current Vacation Balance: _____

Total Leave Balance: _____

Date Leave is expected to be depleted: _____

Human Resources Signature _____ Date: _____

City Manager's Signature: _____ Date: _____

Approved

Not Approved