THE UNIVERSITY OF TENNESSEE
SICK LEAVE BANK WITHDRAWAL REQUEST APPLICATION
Emergency Illness or Injury

Date of Application _____ Personnel ID Number _____

Name _____
Last First Middle

Home Address _____

Home Phone _____
Department & Position Title _____

Have you previously used the Sick Leave Bank (SLB)? ☐ Yes ☐ No
If yes, what were the date(s) and reason(s) of prior use? _____

Name used in previous withdrawal if different from present name _____

1) My emergency illness or injury is _____
2) My first absent due to this condition was _____
3) Is this a work related injury or illness? ☐ Yes ☐ No
4) Are you currently receiving or approved for Social Security disability? ☐ Yes ☐ No
Effective Date _____ If no, have you applied for Social Security disability ☐ Yes ☐ No Date applied _____
5) Are you currently working at other employment? ☐ Yes ☐ No
6) Date all leave expires (sick, annual & personal) _____
7) Number of SLB days requested _____

I have attached a Medical Certification Form or a Supplementary Documentation for Continuing Disability Form confirming the illness or injury as required by the rules of the Sick Leave Bank. I understand that leave grants from the bank shall not be more than twenty (20) consecutive days per application and that the maximum number of days that may be withdrawn for any one illness or recurring diagnosed illness, or accident is sixty (60) days in a fiscal year. In addition, leave grants from the bank shall not exceed ninety (90) days for any one illness.

I certify that the information given in this application is correct and complete to the best of my knowledge. I am aware that should investigation show any falsification, I will not be considered for Sick Leave Bank benefits and that I may be removed from the Sick Leave Bank.

_____ _____
Signature of Employee or Legal Representative Date

Must Be Submitted With Medical Certification Form Or Continuing Disability Form

SICK LEAVE BANK DETERMINATION FORM

(To be completed by Sick Leave Bank Administrator)

Request Approved ☐ Yes ☐ No Request # _____ Date _____

Number of Days (hours) Approved _____

Effective Dates _____

Comments _____

_____

_____

Approval _____
Signature of Sick Leave Bank Administrator