SICKBANK LEAVE REQUEST FORM

ONLY EMPLOYEES WHO HAVE DONATED THE BANK ARE ELIGIBLE TO REQUEST SICK LEAVE FROM THE POOL. Name____ WIU ID No.____ Percent Appointment____ Rank/Title Department Office Phone Campus Address An employee who is a member of the Voluntary Sick Leave Bank may request sick leavemaximum 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 injurand 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 BECOMPLETE BY THE SICK LEAEBANK 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

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 Limbarta@d-busin\ess address:______ Type of practice / Medical specialty: Telephone: Fax:_____

Answer, full and completely, all applicable parts. Your answer should be your best estimate based uponyour medical