



The University of Tennessee
Institute of Agriculture Sick Leave Bank
Withdrawal Request Application

Date of Application _____ ID Number _____

Name _____
Last First Middle

Home Address _____

Best contact # _____ Position/Title _____

Department & Supervisor _____

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

Name used in previous withdrawal if different from present name _____

(1) My emergency illness or injury is _____

(2) My first absence 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. Each initial grant of sick leave days shall be limited to a maximum of 30 consecutively scheduled working days for each illness or injury. The total sick leave granted to any one member shall not exceed 90 days in a 12-month period for any one illness, recurring illness, or accident.

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 I may be removed from the Sick Leave Bank.

Signature of Employee or Legal Representative _____ Date _____

Must Be Submitted With Medical Certification 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

Trustees

Ms. Angie Fox
Dr. Mike Herbstritt
Dr. Morgan Gray

Dr. José Castro
Mr. Timothy Fawver