

**UT Knoxville Area Sick Leave Bank Withdrawal Request**

Application Date: \_\_\_\_\_ UT ID: \_\_\_\_\_

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

Phone and/or Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Department: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor Phone and/or Email: \_\_\_\_\_

Have you previously received time from the Sick Leave Bank (SLB)? **Yes** **No**

If yes, what were the date(s) and reason(s) for previous use? \_\_\_\_\_

1. Current emergency illness or injury: \_\_\_\_\_

2. First day absent due to this condition: \_\_\_\_\_

3. Is this a work-related injury or illness? **Yes** **No**

4. Have you applied for disability or retirement benefits? **Yes** **No**

5. Are you currently working at other employment? **Yes** **No**

6. Date all leave expires (sick, annual, compensatory & personal): \_\_\_\_\_

7. Number of days requested (not more than 30 days per request): \_\_\_\_\_

I have attached a [Family Medical Leave Medical Certification Form](#) confirming the illness or injury as required by the rules of the Sick Leave Bank. I understand that initial leave grants from the Bank shall not be more than 30 consecutive days for any one illness or injury. I understand any subsequent requests for additional Bank time relating to the same injury or illness shall require supplementary documentation completed by a healthcare provider.

I further understand the bank hours are solely for the serious personal illnesses or injuries of its members. Bank time may not be used for non-medically necessary surgeries or procedures, family member illness or injury, or during any time I receive disability benefits, retirement pension, long term disability, or workers' compensation benefits.

I certify that the information given in this application is correct and complete to the best of my knowledge. I am aware that falsification may preclude consideration for Sick Leave Bank benefits, and I may be removed from the Sick Leave Bank.

\_\_\_\_\_  
Signature of Employee or Representative

\_\_\_\_\_  
Date

**REQUEST DETERMINATION – Completed by Human Resources**

Request approved? **Yes** **No** Date: \_\_\_\_\_

Request #: \_\_\_\_\_ Number of days/hours approved: \_\_\_\_\_

Effective Dates: \_\_\_\_\_

Comments: \_\_\_\_\_

HR Signature: \_\_\_\_\_

**Trustees**

Chris Durman  
Elizabeth Tampas Dixon

Rick Gometz  
Mike West

Marcia Lane  
Connie Walden

Pam Quick