

**Middle Tennessee State University
Non-Faculty Sick Leave Bank Application**

Member's Name _____ M# _____

Home Telephone Number _____ Work Telephone Number _____

Member's Department _____ Supervisor's Name _____

Number of hours requested (1 day = 7.5 hours) _____

Effective Dates: From: _____ To: _____

Is this the first time you have applied to the Sick Leave Bank? _____

Explanation of request (Doctor's statement must also be attached):

Member's signature _____ Date: _____

You will be notified of the action taken after the Trustee meeting

To be completed by the Human Resource Office:

Accrued Sick Leave Hours: _____ Accrued Annual Leave Hours: _____

Notice to Supervisor Date: _____

HRS Officer Signature _____ Date: _____

Trustee's Action:

Approved _____ Date: _____

Chairperson Signature

Not Approved _____ Date: _____

Chairperson Signature

HRS CHECKLIST

- ___ SLB hours added to Employee's PEALEAV
- ___ SLB hours deducted from Sick Leave Bank Hours Excel
- ___ Donated hours added to Employees PEALEAV
- ___ Donated hours subtracted from Donors PEALEAV
- ___ Donated hours recorded on Donated Hours Excel