

EASTERN ILLINOIS UNIVERSITY
REQUEST FOR SICK LEAVE BANK USAGE

NAME _____ E# _____

RANK/TITLE _____ C.S. _____ FAC/A&P _____

DEPARTMENT _____ HOME PHONE _____

HOME ADDRESS _____

NUMBER OF SICK LEAVE DAYS REQUESTED: _____

Signature of Employee

Date

**ONLY EMPLOYEES WHO HAVE DONATED TO THE POOL ARE ELIGIBLE TO REQUEST SICK
LEAVE FROM THE POOL.**

FORWARD TO BENEFIT SERVICES

Approved By

Date