

# MURRAY STATE UNIVERSITY SICK LEAVE BANK MEMBER REQUEST FORM

## Section I. Employee Information (Please Print)

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ M No. \_\_\_\_\_

Department \_\_\_\_\_ Position Title \_\_\_\_\_ Office Phone No. \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

My normal work day is  7.5 hours  8.0 hours  other \_\_\_\_\_

## Section II. Sick Leave Bank Request (Maximum of 20 days per request)

I am a member of the Murray State University Sick Leave Bank and I am requesting paid sick leave from the Murray State University Sick Leave Bank due to a catastrophic illness or injury. I have used (or will have used) all my accrued sick leave and vacation leave. I am requesting certification from a licensed medical practitioner stating the beginning date of the condition, a description of the catastrophic illness or injury and the date I expect to return to work. I understand that monthly progress reports will be required to extend sick leave benefits and this specific request can be for a maximum of **20 days only**. Any additional days must be requested on a separate form.

I am requesting \_\_\_\_\_ days from the Sick Leave Bank to be credited to my sick leave balance.  
(Maximum of 20 days per request)

(1) \_\_\_\_\_  
Employee or Responsible Party's Signature Date

(2) \_\_\_\_\_  
Department Head Signature Date

## Section III. Authorization (To be completed by Human Resources)

Last day of work \_\_\_\_\_ Number of days approved per this request \_\_\_\_\_

Last day of paid leave \_\_\_\_\_ Number of sick leave days previously approved \_\_\_\_\_

Number of sick leave days requested \_\_\_\_\_ Total number of sick leave days granted to date \_\_\_\_\_

(3) \_\_\_\_\_  
Human Resources Signature Date

**Return to: Human Resources  
404 Sparks Hall  
Murray State University  
Murray, KY 42071**

### FOR OFFICE USE ONLY

Sick Leave Bank Participant \_\_\_\_ Yes \_\_\_\_ No Hours Transferred from Sick Leave Bank \_\_\_\_\_

Employee Sick Leave Balance \_\_\_\_\_ New Sick Leave Balance \_\_\_\_\_

Date Completed by Payroll \_\_\_\_\_