



UPI Local 4100 / Northeastern Illinois University
SICK LEAVE BANK MEMBER REQUEST FORM

Section I. Employee Information (Please Print)

Last Name _____ First _____ M.I. _____
Univ. ID No. _____ Contact No. _____
Position Title. _____ Dept. _____ Office Ext. _____
Emergency Contact No. _____ Email: _____

Section II. Sick Leave Bank Request

I am a member of the UPI Local 4100 / NEIU Sick Leave Bank and I am requesting paid sick leave due to a catastrophic illness, injury or extended child rearing. I have exhausted (or will have used) all of my accrued sick and vacation leave. I am requesting FMLA certification from the Office of Human Resources. I understand that any sick leave granted will be determined by the committee and that there is a maximum allotment of 25 days only per fiscal year *. I further understand that any sick days granted to me may be used only for the purpose requested on the application and any unused portion will be returned to the Bank.
(*one (1) day equates to 7.5 hours)

I am requesting _____ days from the Sick Leave Bank to be credited to my sick leave balance.
(Maximum of 25 days per request)

Employee / Designee Signature Date

Section III. Authorizations

To be completed by the Office of Human Resources

Last day of work _____ Last day of paid leave _____
(Time reports or Leave Request Approval Forms must be completed before leave begins)

To be completed by UPI Sick Leave Bank Committee

Number of days approved per this request _____ Previous days (if applicable) _____

Committee Chair Signature Date

Return to: The Office of Human Resources
Northeastern Illinois University

Table with 4 columns: Sick Leave Bank Participant, Yes, No, Hours Transferred from Sick Leave Bank