

GCCG-EB

EXHIBIT

**STAFF VOLUNTARY
TRANSFER OF ACCRUED SICK LEAVE**

**(Sick Leave Bank)
EMPLOYEE REQUEST FOR SICK LEAVE DAYS**

The employee may submit this form prior to the actual use of sick leave days or, in the case of emergency, it may be submitted within thirty (30) days after the sick leave bank member returns to work.

Name _____ Social Security # _____

Attendance center _____

Home phone or directions to home _____

First day of work missed due to this injury/illness _____

Number of leave days requested _____

Describe the nature of the request and any extenuating circumstances the Sick Leave Bank Committee should take into account in considering your request:

Signature

Date

The Sick Leave Bank Committee cannot consider your request without a signed statement from your physician. Please attach.

I hereby authorize my physician to release any information to the Sick Leave Bank Committee regarding this application for sick leave bank days.

Signature

Date