

JCCC

Johnson County Community College
12345 College Blvd.
Overland Park, Kansas 66210-1299
(913) 469-8500

SICK LEAVE BANK ASSISTANCE REQUEST

DATE: _____

TO: Human Resources

FROM: _____

SUBJECT: Sick Leave Request

I wish to apply for _____ days of sick leave time from the Sick Leave Bank. A statement of my reason(s) for this request, and documentation that this request is based on need due to a major prolonged illness, injury or disability is as follows:

I have attached a statement from my physician which certifies my inability to work, provides a prognosis for recovery and provides a projected time for return to work. By my signature below, I agree to provide any relevant information in the event verification is required by the Sick Leave Bank committee.

Employee Signature Date

To be completed by Human Resources:

Member's sick leave time _____ will be/ _____ has been exhausted on _____.

Verified By Date