

**ELGIN COMMUNITY COLLEGE  
FACULTY SICK LEAVE POOL WITHDRAWAL REQUEST**

**THIS SECTION TO BE COMPLETED BY THE EMPLOYEE**

Employee Name: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

I am requesting the withdrawal of the following number of hours from the Faculty Sick Leave Pool.

**Days Requesting:** \_\_\_\_\_ (not to exceed 25 days)

I understand that before any time can be approved, the criteria listed below must be met:

- All other accrued leave (sick, personal and vacation) has been used.
- I am not currently receiving disability benefits or worker's compensation.
- The requested hours are due to personal illness.

In addition, I have attached a physician's statement for your records.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY HUMAN RESOURCES**

Case Number: \_\_\_\_\_

<b>Time</b>	<b>Amount Accrued as of Submission Date</b>
Sick	
Vacation	
Personal Leave	

**THIS SECTION TO BE COMPLETED BY FACULTY COMMITTEE**

Number of days available in the Pool: \_\_\_\_\_

Approved for \_\_\_\_\_ days

Denied for the following rationale: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Committee Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to Human Resources: Attn. Benefits and Payroll**

**ELGIN COMMUNITY COLLEGE  
FACULTY SICK LEAVE POOL WITHDRAWAL REQUEST**

**THIS SECTION TO BE COMPLETED BY HUMAN RESOURCES**

TO: Faculty Sick Leave Bank Committee

DATE:

CASE #:

REASON FOR REQUEST:

ANTICIPATED LEAVE TIME:

NUMBER OF HOURS (DAYS) REQUESTING:

ADDITIONAL COMMENTS:

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**THIS SECTION TO BE COMPLETED BY HUMAN RESOURCES**

TO: Faculty Sick Leave Bank Committee

DATE:

CASE #:

REASON FOR REQUEST:

ANTICIPATED LEAVE TIME:

NUMBER OF DAYS REQUESTING:

ADDITIONAL COMMENTS:

6-11-09