

KIT CARSON COUNTY SICK LEAVE BANK REQUEST FORM

I would like to request _____ hours from the sick leave bank.

It is understood that the sick leave bank committee will review this request and make a decision according to the sick leave bank policies. (This form must be accompanied by a doctor's statement!)

(Brief Reason for Request)

IF more detail is required please add attachment.

Member Signature

Date

Print Name

Dept. Head Signature / Date

Date enrolled in the sick leave pool: _____

Starting Employment Date w/KCC: _____

Dates of Absence Required:

From: _____ to _____ = Total Leave Hours _____

Minus Available sick leave hours to be used - _____

“ “ Vacation hours to be used..... - _____

“ “ Personal hours to be used..... - _____

Hours Requested from Sick Leave Pool

(not to exceed 240 hours) - _____

Leaving the following hours as UNPAID leave _____

**The Sick Leave Bank committee has APPROVED / DENIED
your request for _____ hours.**

Your request was DENIED for the following reasons:

Committee Member Signature

Date