



ALABAMA STATE UNIVERSITY

Application for Sick Leave Bank (SLB) Membership

1. I am requesting membership in the Sick Leave Bank. I authorize the deduction of 8 hours of leave from my sick leave balance to be placed in the Sick Leave Bank.
2. I may request use of the ASU Sick Leave Bank up to 160 hours per 12 month period if I have a catastrophic or very serious illness, and I have exhausted all of my sick, annual, and compensatory leave. This request must be made in writing to the Sick Leave Bank Administrator (228 Council Hall) by my representative or me each month that I am ill.
3. I must provide proper certification as required by ASU's Sick Leave Bank Committee before I will be granted sick leave benefits.
4. My participation in the Sick Leave Bank is at all times voluntary and I may request in writing at any time to have my membership cancelled. I understand any credits that I have at that time will remain in the Sick leave Bank.
5. I accept the Sick Leave Bank Committee's decision to approve or disapprove my request for sick leave benefits as final, unless otherwise authorized by the Appeals Board, and acknowledge such decisions to final and binding.
6. I agree to pay the Sick Leave Bank ALL days awarded upon my return to work.

Please Print:

Last Name: _____ First _____ MI _____

Signature: _____ Date: _____

Social Security #: _____

Work Phone # _____ Home Phone # _____ Cell# _____

Sick Leave Bank Administrator:

I certify that _____ has _____ hours of Sick Leave as of _____ / _____ / _____ and that 8 hours of Sick Leave has been deducted for the ASU Sick Leave Bank.

Sick Leave Bank Administrator

Date