

**AUSTIN PEAY STATE UNIVERSITY
NON-FACULTY SICK LEAVE BANK REQUEST**

TO BE COMPLETED BY SICK LEAVE BANK MEMBER

Member Name _____ Member Department _____
Number of Hours Requested* _____ Effective Dates From _____ To _____
Reason for Request: _____

Member Signature _____ Date _____

Notice to Supervisor _____ Date _____

TO BE COMPLETED BY HUMAN RESOURCES OFFICE

Accrued Sick Leave Hours **

Accrued Annual Leave Hours**

Human Resources Officer's Signature _____ Date _____

TRUSTEES' ACTION

Please Check One: Approved Disapproved

Chairperson's Signature _____ Date _____

*1 DAY = 7.5 HOURS IF 37.5 HOUR WORK WEEK

** MUST BE EQUAL TO ZERO AS OF EFFECTIVE DATE BANK LEAVE WOULD BEGIN