

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

TO BE COMPLETED BY SICK LEAVE BANK MEMBER

Member Name _____ A# _____

Member Department _____

Numbers of Hours Requested* _____ Effective Dates _____ 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