

**AUSTIN PEAY STATE UNIVERSITY  
NON-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