

Paris Junior College
Sick Leave Request from Sick Leave Bank

Name: _____

Number of Hours Requested: _____

This application for sick leave from the Paris Junior College Sick Leave Bank is made by, or on behalf of, the employee named above because the employee has exhausted all of his/her accrued sick and vacation leave.

Describe the catastrophic illness or injury and attach a statement from the attending licensed physician, which includes the expected date of release to return to work. If the request is for the catastrophic illness or injury of a qualifying dependent, please provide the name, relationship, and complete address of immediate family member.

Signature of Employee or Representative

Date

Signature of Vice President/HR Director

Date

Please return this form to Human Resources. A Doctor's statement must accompany this request. Refer to Paris Junior College Policy DEC (Local) for the qualifications and provisions of this application.