



Shared Sick Leave Bank – Participation Form

I, _____, request distribution of sick leave hours from the Shared Sick Bank due to my disability as a result of serious illness/injury causing an absence from work in excess of my available accrued leave hours as defined in the Shared Sick Leave Policy 5.36. It is understood that this request requires appropriate medical certification and will be reviewed and approved or denied by the Chief Human Resources Officer and the Chief Financial Officer according to Policy 5.36.

Employee ID #

Employee Signature

Date

To be completed by Human Resources

☐ Approved

☐ Disapproved

Chief Human Resources Officer

Date

Chief Financial Officer

Date