

**EASTERN ILLINOIS UNIVERSITY**  
**REQUEST FOR SICK LEAVE BANK USAGE**

NAME \_\_\_\_\_ E# \_\_\_\_\_

RANK/TITLE \_\_\_\_\_ C.S. \_\_\_\_\_ FAC/A&P \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ HOME PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_

NUMBER OF SICK LEAVE DAYS REQUESTED: \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**ONLY EMPLOYEES WHO HAVE DONATED TO THE POOL ARE ELIGIBLE TO REQUEST SICK  
LEAVE FROM THE POOL.**

**FORWARD TO BENEFIT SERVICES**

\_\_\_\_\_  
Approved By

\_\_\_\_\_  
Date