STATE EMPLOYEES' LEAVE BANK REQUEST FORM

TO BE COMPLETED BY EMPLOYEE (Please TYPE or PRINT)

* Your full Name and Social Security Number is required to help verify your identity and process your Request. Failure to provide it may result in delays and/or rejection of your request. This information is kept confidential in accordance with Federal and State laws and regulations. Job Title and brief description of duties: City/State/Zip: Agency Name: Request Type: New Updated Date: Image: Date: Image: Email: Phone #: Email: Phone #: Fax #: Last Date Employee Worked: Leave Bank Membership Expiration Date**: Hours Needed: Hrs. Dates to Cover: From To agency accommodate a modified duty assignment? Yes No Is employee been on one-day sick slip restriction within the last two years? Yes No If Yes, provide effective date of restriction: Has employee been disciplined within the last year? Yes No	Name*:	SS#*:	
Job Title and brief description of duties: Home Address: City/State/Zip: Agency Name: Request Type: New Signature: Date: TO BE COMPLETED BY AGENCY HR/LEAVE BANK COORDINATOR Leave Bank Coordinator: Email: Phone #: Fax #: Last Date Employee Worked: Leave Bank Membership Expiration Date**: Hours Needed: Hrs. Dates to Cover: From To Can agency accommodate a modified duty assignment? Yes No Is employee on FMLA leave? Yes No If Yes, provide end date of current FMLA: Has employee been on one-day sick slip restriction within the last two years? Yes No If Yes, provide effective date of restriction: Ves No			
Agency Name: Request Type: New Updated Signature: Date: IDBE COMPLETED BY AGENCY HR/LEAVE BANK COORDINATOR Leave Bank Coordinator: Email: Phone #: Fax #: Last Date Employee Worked: Leave Bank Membership Expiration Date**: Hours Needed:			
Agency Name: Request Type: New Updated Signature: Date: IDBE COMPLETED BY AGENCY HR/LEAVE BANK COORDINATOR Leave Bank Coordinator: Email: Phone #: Fax #: Last Date Employee Worked: Leave Bank Membership Expiration Date**: Hours Needed:	Home Address:	City/Stata/Zip:	
Signature: Date: Date: TO BE COMPLETED BY AGENCY HR/LEAVE BANK COORDINATOR Leave Bank Coordinator: Phone #: Email: Phone #: Fax #: Last Date Employee Worked: Leave Bank Membership Expiration Date**: Hours Needed: Hrs. Dates to Cover: From Can agency accommodate a modified duty assignment? Yes Is employee on FMLA leave? Yes Has employee been on one-day sick slip restriction within the last two years? Yes Has employee been on one-day sick slip restriction within the last two years? Yes			
TO BE COMPLETED BY AGENCY HR/LEAVE BANK COORDINATOR Leave Bank Coordinator: Email: Phone #: Fax #: Last Date Employee Worked: Leave Bank Membership Expiration Date**: Hours Needed: Hrs. Dates to Cover: From To Can agency accommodate a modified duty assignment? Is employee on FMLA leave? Yes Has employee been on one-day sick slip restriction within the last two years? Yes Has employee been on one-day sick slip restriction: Yes	Agency Name:	Request Type: New Updated	
Leave Bank Coordinator: Email: Phone #: Fax #: Last Date Employee Worked: Leave Bank Membership Expiration Date**: Hours Needed: Hrs. Dates to Cover: From Can agency accommodate a modified duty assignment? Yes Is employee on FMLA leave? Yes Has employee been on one-day sick slip restriction within the last two years? Yes If Yes, provide effective date of restriction: Ves	Signature: Date:		
Leave Bank Coordinator: Email: Phone #: Fax #: Last Date Employee Worked: Leave Bank Membership Expiration Date**: Hours Needed: Hrs. Dates to Cover: From Can agency accommodate a modified duty assignment? Yes Is employee on FMLA leave? Yes Has employee been on one-day sick slip restriction within the last two years? Yes If Yes, provide effective date of restriction: Ves	TO BE COMPLETED BY A CENCY HD/LEANE DANK COODDINATOD		
Phone #: Fax #: Last Date Employee Worked: Leave Bank Membership Expiration Date**: Hours Needed:	TO BE COMPLETED BY AGE	NCT HR/LEAVE BANK COORDINATOR	
Last Date Employee Worked: Leave Bank Membership Expiration Date**: Hours Needed: Image: Mrs. Dates to Cover: From To Can agency accommodate a modified duty assignment? Yes No Is employee on FMLA leave? Yes No If Yes, provide end date of current FMLA: Has employee been on one-day sick slip restriction within the last two years? Yes No If Yes, provide effective date of restriction: If Yes, provide effective date of restriction:	Leave Bank Coordinator:	Email:	
Hours Needed: Hrs. Dates to Cover: From To Can agency accommodate a modified duty assignment? Yes No Is employee on FMLA leave? Yes No If Yes, provide end date of current FMLA: Has employee been on one-day sick slip restriction within the last two years? Yes No If Yes, provide effective date of restriction: If Yes, provide effective date of restriction:	Phone #:	Fax #:	
Can agency accommodate a modified duty assignment? Yes No Is employee on FMLA leave? Yes No If Yes, provide end date of current FMLA: Has employee been on one-day sick slip restriction within the last two years? Yes No If Yes, provide effective date of restriction:	Last Date Employee Worked: Leave Bank Membership Expiration Date**:		
Is employee on FMLA leave? Yes No If Yes, provide end date of current FMLA: Has employee been on one-day sick slip restriction within the last two years? Yes No If Yes, provide effective date of restriction:	Hours Needed: Hrs. Date	es to Cover: From To	
Has employee been on one-day sick slip restriction within the last two years? Yes No If Yes, provide effective date of restriction:	Can agency accommodate a modified duty assignment? Yes No		
If Yes, provide effective date of restriction:	Is employee on FMLA leave? Yes No If Yes, provide end date of current FMLA:		
	Has employee been on one-day sick slip restriction within the last two years? Yes No		
Has employee been disciplined within the last year? Yes No			
	Has employee been disciplined within the last year? Yes No		
If Yes, provide effective date of disciplinary action:			
Employee's last performance evaluation rating was: Satisfactory or Above Less than Satisfactory			
Is this absence due to an on-the-job injury? Yes No If Yes, Contact DBM Leave Bank Program Manag			
Has the employee been seen by the State Medical Director? Yes No If Yes, Provide copy of Medical Report			
Has the employee applied for Disability Retirement?YesNoIf Yes, Provide copy of signed SRA 129			
Leave Bank Coordinator's Signature: Date: **COPY OF MOST CURRENT LEAVE BANK MEMBERSHIP FORM IS REQUIRED			

COMPLETED BY APPOINTING AUTHORITY OR DESIGNEE

This employee has exhausted all forms of annual, sick, personal and compensatory time because of a serious and prolonged medical condition. The employee has been a member of the Leave Bank for at least 90 days or has been granted an exemption by the Secretary of Budget and Management. Approval will not cause the employee to exceed 2,080 hours of leave from the Leave Bank and Employee-to-Employee Leave Donation Programs during his/her entire State employment. Approval will not cause the employee to exceed 16 months of continuous leave, when combined with all other forms of paid leave. As the appointing authority for this employee, I have reviewed the employee's records and I certify that this request meets all of the criteria specified in this Section.

Signature of Appointing Authority or Designee