

# JCC SICK LEAVE BANK

## Withdrawal Request Application

Please complete this Withdrawal Request Application through the District office. They will forward to the Sick Bank Council.

Employee's Name:

Last \_\_\_\_\_ First \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Employee's Department and Position/Title: \_\_\_\_\_

Have you previously received sick leave from the Sick Leave Bank?... Yes \_\_\_ No \_\_\_

My absence is due to

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My first day absent due to this condition was \_\_\_\_\_

Days anticipated to be absent \_\_\_\_\_

Days that will be without pay \_\_\_\_\_

Days requested from SLB \_\_\_\_\_

I understand a medical certification may be required to confirm my illness or injury.

I certify that the information given in this application is correct and complete to the best of my knowledge. I am aware that should investigation show any material misrepresentation of facts, I will not be considered for Sick Leave Benefits. I hereby authorize the Sick Leave Council to make all necessary investigations concerning this application. I further authorize and request any records or information, including but not limited to medical, Workers' Compensation, Social Security disability, sought in connection with this application be provided to the Sick Leave Council.

When completing this application for withdrawal, I acknowledge that my confidential time off history may be disclosed to the Sick Leave Council.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Employee