

Sick Bank Criteria Form

Full-time

Employee Name _____ **Date of Hire** _____

- 1. Have you been employed with IHLS for at least one year? Yes No
- 2. Have you donated at least one day to the sick bank? Yes No
- 3. Have you filed for leave under the Family Medical Leave Act? Yes No
- 4. Have you provided a physician's certification? Yes No
- 5. Have you used all accrued sick and vacation leave? Yes No
- 6. Have you applied for IMRF disability? Yes No

Please give a brief description why you are in need of additional sick benefits.

Employee Signature _____ **Date** ____/____/____

To be completed by Human Resource Office

Approved () Number of Hours _____ Rate of Pay _____ Pay Date _____
 Denied ()

Notes: _____

Human Resource Representative _____ Date ____/____/____