

State of Illinois Employee Sick Leave Bank Membership Application

Instructions: Employee applicants should keep the yellow copy of this completed form for their records and submit the original to their agency personnel officer.

Name Social Security Number

Agency

Agency Address Work Phone

Home Address Home Phone

_____ Number of Sick Days Currently Held _____ Number of Sick Days to be Deposited

By my signature I declare that I have been employed full-time for six months or more by the state of Illinois.

Employee Signature Date

I certify that this employee has sufficient accumulated sick leave to make a deposit. Also this agency's timekeeper has deducted the appropriate number of days (noted above) from the employee's sick leave record.

Personnel Officer Signature Date

Request to the agency Sick Leave Bank for membership.

Approved Denied