



**Middle Tennessee State University
Faculty Sick Leave Bank Request**

Member's Name _____ M# _____

Home Telephone Number _____ Work Telephone Number _____

Member's Department _____ Supervisor's Name _____

Number of hours requested (1 day = 7.5 hours) _____

Effective Dates: From: _____ To: _____

Explanation of request (Doctor's statement must also be attached):

Member's signature _____ Date: _____

You will be notified of the action taken after the Trustee meeting

To be completed by the Human Resource Office:

Accrued Sick Leave Hours: _____ Accrued Annual Leave Hours: _____

Notice to Supervisor Date: _____

HRS Officer Signature _____ Date: _____

Trustee's Action:

Approved _____ Date: _____

Chairperson Signature

Not Approved _____ Date: _____

Chairperson Signature