

FACULTY

Application for Use of Sick Leave

HR / EPC Use Only.

Last Name:	First Name:	Middle:
Banner ID No. (or SSN):	<input type="checkbox"/> Full-time Faculty	<input type="checkbox"/> Part-time Faculty
Department:	College:	Phone:
List date(s) of absence:		TOTAL LEAVE IN HOURS:

- Appointment (i.e., medical/dental/optical exam or treatment) _____
- Personal Illness. (Nature of illness) _____
- Personal Injury. (Nature of injury) _____
- Illness in immediate family. _____
Relationship (See Instructions for definition of "immediate" family)
- Death in immediate family. _____ Date of Death: _____
Relationship (See Instructions for definition of "immediate" family)
- Other. (i.e. personal exigency) _____
(See Instructions, Item #5, for provisions)

**I swear or affirm that the above statements are true.
I am aware that any false statements made by me may result in my dismissal.**

➔ _____
Signature of Employee *Date*

VERIFICATION BY DOCTOR *(This section to be filled out as directed in Instructions.)*

I hereby certify that I am a duly qualified practitioner of medicine and that the use of sick leave described above is justified, in my opinion, and that the person involved was under my professional care.

Signature of Physician *Date*

Address of Physician

ADMINISTRATIVE ACTION
(Note: both signatures required)

Department Chairperson:

Approved Disapproved*

➔ _____
Signature of Chairperson *Date*

College Dean:

Approved Disapproved*

➔ _____
Signature of Dean *Date*

*Reason(s) for disapproval: _____

After processing, the completed form will be retained in Human Resources.