



# Lawrence County Government

## Extended Illness Leave Bank Request Form

### Employee Information

LB ID Number \_\_\_\_\_

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

*City State ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Sec. #: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Spouse's Work Phone: ( ) \_\_\_\_\_

### Job Information

Title: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

### I Understand that:

- I must be an employee who is eligible to accrue and use sick leave.
- I must be on approval leave of absence.
- I am suffering a serious injury or illness causing me to be incapacitated.
- I must provide a physician's certification of illness or injury, which includes an estimated return to work date, to the Office of Accounts & Budgets.
- I must exhaust all paid leave (sick, vacation, & comp time off) before I am eligible to receive the hours from the leave bank.
- I may not be on any other pay status, receiving State disability benefits, or receiving Worker's Compensation benefits and will notify the Office of Accounts & Budgets of any changes to my pay status.
- The identity of donors to the leave bank shall not be made known to me.
- My Leave Bank time will stop in accordance with the Leave Bank Policy.

- My participation is subject to the provisions as outlined in the Leave Bank Policy.
- I have donated a minimum of one day this year as well as my original membership donation of two days.

**-COMPLETED BY Office of Accounts & Budgets & Leave Bank Committee-**

Requestor's Employment Status <input type="radio"/> Full time      FMLA <input type="radio"/> Part time <input type="radio"/> Y <input type="radio"/> N	Total Leave Hours Requested	Requestor's Rate of Pay	Requestor's Leave Bank ID
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Signature of LB Representative/Designee	Funding <input type="radio"/> GF <input type="radio"/> SW <input type="radio"/> HWY <input type="radio"/> LIBRARY	Date
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Request Received on:	Credit Date of Requested Leave	Signature of LB Record Keeper
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