

OFFICE OF THE DEFENDER GENERAL  
SICK LEAVE BANK

(To be completed by employee)

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

I. Donation to Sick Leave Bank

I wish to donate the following accrued leave to the Defender General Sick Leave Bank. I understand that donation of sick leave may affect my accrual of personal leave.

\_\_\_\_\_ days of annual leave

\_\_\_\_\_ days of personal leave

\_\_\_\_\_ days of compensatory time

\_\_\_\_\_ days of sick leave

II. Request to use leave from the Sick Leave Bank

I request to use \_\_\_\_\_ days or \_\_\_\_\_ hours of consecutive leave

A. for the period \_\_\_\_\_ to \_\_\_\_\_

OR

B. for an intermittent or reduced schedule as specified:

\_\_\_\_\_

\_\_\_\_\_

I will use this leave for the purpose of:

\_\_\_\_\_

\_\_\_\_\_

(indicate employee's or family member's illness or injury)

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval:

Defender General: \_\_\_\_\_ Date: \_\_\_\_\_