Request for Use of the

State of Illinois Employee Sick Leave Bank

Instructions: Employees shall keep a completed copy and retain copies of all attachments for their records. A <u>physician's statement is required</u> and should be submitted with the completed form to the <u>agency's sick leave bank coordinator / personnel office</u>. The agency will then forward all necessary information to CMS Labor Relations.

		xxx-xx	
Name		Social Security Number (Last four digits)	
Agency	Title	Bargaining Unit	
Agency Address		Work Phone	
Home Address		Home Phone	
		illness or injury. You may use an medical statement (similar to or	
Number of Sick	c Days Requested	(25 day maximum)	
By my signature, I declard will have used all availabl am eligible to request use	le benefit time by	•	
Employee Signature		Date	