

# State of Illinois Employee Sick Leave Bank Membership Application

Instructions: Employee applicants should keep the yellow copy of this completed form for their records and submit the original to their agency personnel officer.

\_\_\_\_\_  
Name Social Security Number

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Agency Address Work Phone

\_\_\_\_\_  
Home Address Home Phone

\_\_\_\_\_ Number of Sick Days Currently Held      \_\_\_\_\_ Number of Sick Days to be Deposited

By my signature I declare that I have been employed full-time for six months or more by the state of Illinois.

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

I certify that this employee has sufficient accumulated sick leave to make a deposit. Also this agency's timekeeper has deducted the appropriate number of days (noted above) from the employee's sick leave record.

\_\_\_\_\_  
Personnel Officer Signature Date

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Request to the agency Sick Leave Bank for membership.

Approved       Denied