Request for Use
of the
State of Illinois Employee Sick Leave Bank

Instructions: Employees should keep the completed pink copy and retain copies of all attachments for their records. A physician's statement is required and should be submitted with the completed white and yellow copies to:

The State of Illinois Sick Leave Bank Review Committee
503 Stratton Office Building, Springfield, IL 62706

Name		Social Security Number
Agency	Title	Bargaining Unit
Agency Address		Work Phone
Home Address		Home Phone

Employee explanation of nature of catastrophic illness or injury. You may use an attached sheet.

_____

_____

_____

_____

_____

Number of Sick Days Requested _____

By my signature I declare that I am currently an active Sick Leave Bank member, will have used all available benefit time by_____ , and am eligible to request use of the Sick Leave Bank.

Employee Signature	Date

Sick Leave Bank Review Committee Decision

☐ Approve ☐ Deny

IL 401-1531 **DISTRIBUTION:** White – Sick Leave Bank Canary – Timekeeper Pink – Employee Receipt