EASTERN MICHIGAN UNIVERSITY

**FACULTY (CENTRAL) SICK LEAVE BANK APPLICATION**

# Please Note: This form, including a physician’s statement must be returned to Academic Human Resources for processing.

Application Date:

Name: Date of Birth:

Department:

Hire Date (as regular, Full-time Faculty member):

# of Days Requested: Beginning Date:

Nature of illness or injury:

(Use back of form if more space is needed.)

Date of first treatment:

Physician consulted:

Name:

Full Address:

Phone #:

Sick Bank Approved Usage: (Days) (Hours)

Beginning Date: Ending Date:

Approved By: Date Approved:

*Office of the Assistant Vice President*

*for Academic Affairs*

cc: File