

**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: _____ EID: _____

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