

**Request to Withdraw from Sick or Emergency Leave Banks
For Maintenance & Operations Employees**

Name _____ Dept. _____

Amount of emergency sick (**circle one**) leave to be borrowed: _____ hours

Specific dates covered by this withdrawal: _____

Purpose: _____

Signed: _____ Date: _____
Employee Name

Approved: _____ Date: _____
Associate/Director, Human Resources

Please send your completed form to Human Resources for processing. Thank you.

Processed By: _____ Date: _____