

**Request to Withdraw from Staff Sick Leave or Staff Emergency Leave Banks  
For Staff Employees**

Name \_\_\_\_\_ Dept. \_\_\_\_\_

I would like to withdraw hours from the Staff Sick or Emergency Leave Banks (circle one) to cover my absence for the following reason:

\_\_\_\_\_

Expected period of absence: \_\_\_\_\_

**Staff Sick Leave Bank:** I understand that I must exhaust my own accrued sick leave time and up to 50% of my vacation balance prior withdrawing from the Staff Sick Leave Bank and that statutory disability benefits may be integrated with hours from the Bank to make up my current base weekly earnings.

**Staff Emergency Leave Bank:** I understand that I must exhaust my own accrued sick leave time, vacation and personal time to withdraw from the Staff Emergency Leave Bank.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Name

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Associate/Director, Human Resources

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

*For HR use only:*

*Total hours withdrawn from Bank:* \_\_\_\_\_