CITY OF BIRMINGHAM, AL
SICK LEAVE BANK REQUEST FORM

I. EMPLOYEE INFORMATION:		
First Name:	Last Name:	MI:
Employee ID:	Job Title:	
Phone Number:	Email Address:	
Department:	Supervisor:	

II. SICK LEAVE REQUEST

I am a member of the City of Birmingham's Sick Leave Bank and I am requesting sick leave from the Sick Leave Bank due to a non-job related personal catastrophic medical event or sudden change in health or a catastrophic medical event or sudden change in health of my immediate family member or an individual who resides in my home. I have exhausted my accrued sick, vacation, and other paid leave. I have attached a physician's statement stating the nature of the illness/injury. I understand completion of this form does not guarantee sick leave benefits.

Total number of sick leave hours requested: _____

a. Have you previously received sick leave from the Sick Leave Bank? ☐ Yes ☐ No (select one)

b. Is this request due to a Worker's Compensation injury? ☐ Yes ☐ No (select one)

c. Have you applied for, or do you plan to apply for retirement within the next three months? ☐ Yes ☐ No

d. Last day worked: _____ (date must be listed)

e. Expected return to work date: _____ (date must be listed)

f. The reason for this request is for: ☐ Employee ☐ Family Member/Individual that resides in my home

I am requesting sick leave from the Sick Leave Bank for the following reason:

I certify that the information given in this request is correct and complete. I am aware that should any investigation show any material misrepresentation of facts, I will not be considered for Sick Leave Bank benefits. I understand that sick leave benefits are not automatic, and each case will be reviewed individually.

Employee's Signature _____ Date _____

A physician's statement stating the nature of the illness/injury must be attached to be considered for review.

LEAVE BANK COMMITTEE USE ONLY

Request: _____ Approved Number of Hours Approved: _____

_____ Denied, Reason: _____

_____ _____

Authorized Signature Date

Return form to Human Resources, City Hall, 8th floor, Fax: (205) 297-8010 or Email: leavebank@birminghamal.gov