



# City and Borough of Sitka

## Sick Leave Bank Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Beginning Leave Date: \_\_\_\_\_ Estimated Return Date.: \_\_\_\_\_

Do you wish to have your name on the leave request? This goes out to all city employees. YES  NO

If an employee's ask do you wish to have them know why you need this leave? YES  NO

### Disclaimer and Signature

*This is an application for the sick leave bank. After all leave has been exhausted, there shall be a letter that is distributed to all city employees asking if they want to donate annual or personal leave. This application doesn't guarantee leave will be donated.*

*An individual employee may not use more than 2080 hours from the bank in a lifetime.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_