



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.

Employee Signature

Date

Finance Director Signature

Date

Administrator Signature

Date