



Leave Bank Request for Withdrawal – Renewal Form

(COMPLETE ALL ITEMS-OTHERWISE YOUR REQUEST WILL NOT BE CONSIDERED)

Please provide complete information as requested below. This form is only for renewals of cases that have already been granted an initial approval by the Leave Bank Committee. You must complete a renewal form for each pay period that you need assistance from the Leave Bank. After completion, forward to the Leave Bank Committee, Human Resources Division, Attn: Leave Bank. If an "Update" from your physician was requested by the Committee, it must accompany this form to be acceptable. Fax: 407-836-5458

Forms are due to Human Resources by "Pay Day" Friday in order to be considered for the next pay period.

Name: _____ Employee ID# _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Job Title: _____ Current Hourly Pay Rate: _____

Department: _____ Division: _____

Work Phone: (_____) _____ Home Phone: (_____) _____

Date of Hire: _____ Number of Scheduled Hours **Per Pay Period**: _____

Name of Individual(s) who does your payroll: _____ Telephone _____

Are you receiving Worker's Compensation Benefits? Yes No

Do you have Short Term Disability Coverage? Yes No If Yes, after what waiting period: _____ Days (15-30-60)

Have you applied for Short Term Disability? Yes No

When was the last day that you worked? _____

Is there a projected Return to Work Date? No Yes – If Yes, When? _____

Briefly describe your reason for the request: _____

I understand that the Leave is designed to provide assistance to an employee in the event of a personal catastrophic illness or injury. I understand that this request is subject to review by the Leave Bank Committee and is contingent upon the availability of Leave Bank resources. There is no appeals process. I further understand that this request may be for one pay period only, and if additional time is needed beyond the originally granted time, a renewal form will be required.

All of the above information is true and correct to the best of my knowledge. I understand that putting misleading or untruthful information on this form will render me ineligible for the Leave Bank and may subject me to disciplinary action.

Employee Signature

Date

HR USE ONLY: As of: _____ (Date)

Personal Time _____
Term Time _____
Old Sick Time _____
Holiday _____
Floating Holiday _____
Leave Bank _____
Unpaid Time _____

Leave Bank Approved Disapproved
STD/LTD Verified: _____ STD Eligible Date: _____
Comments: _____

60% of _____ (hours) = _____ (Eligible Paid Hours)
Authorized by: _____