



# 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 for Withdrawal & Renewals for 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: \_\_\_\_\_