

Cowley College
Request for Employee Sick Leave Bank/Paid Parental Leave

Eligibility

1. Full-time employee who has been employed by the College for at least one year.

Select one:

Catastrophic Injury

1. Number of Sick Leave Bank **hours** requested: _____ (may not exceed 960 hours)
2. Must attach statement from attending physician describing condition and probable duration.

Paid Parental Leave

1. Number of days/weeks requested: _____ weeks _____ days
2. Must attach completed approved FMLA form.

I hereby request sick leave days be granted to me from Cowley College's Sick Leave Bank/Paid Parental Leave. I declare that I have read the attached policy and that I meet the eligibility requirements. I understand that I may not exceed 120 days (960 hours) for catastrophic injury or illness or 4 weeks of paid parental leave. If I fail to return to work from parental leave, I may be required to reimburse the Sick Leave bank using my remaining personal leave time.

Employee Signature

Date

For Committee Use Only:

1. Sick Leave Bank Hours Available (as of date of this request): _____

2. Committee Recommended Bank Hours Granted: _____

Committee Decision: Accepted ____ Denied ____

Vice President of Finance & Business

Date