

**LUZERNE COUNTY SICK BANK REQUEST FORM**

**Please make sure to complete entire application.**

Date of Application: \_\_\_\_\_ Is this your First Request: \_\_\_\_\_

*OR*

Additional Time Request: \_\_\_\_\_ Date of Original Request: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DAY TIME CONTACT PHONE NUMBER: \_\_\_\_\_

DEPT: \_\_\_\_\_ YEARS OF SERVICE: \_\_\_\_\_

PAYROLL CLERK: \_\_\_\_\_ PHONE # \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ PHONE # \_\_\_\_\_

ARE YOU CURRENTLY WORKING: \_\_\_\_\_? IF NOT, WHAT WAS YOUR

LAST DAY OF WORK: \_\_\_\_\_?

**\*PLEASE LIST TIME ON RECORD AS OF DATE OF APPLICATION:**

Vacation \_\_\_\_\_ Personal \_\_\_\_\_ Sick \_\_\_\_\_ Comp \_\_\_\_\_

TIME REQUESTED \_\_\_\_\_? MAXIMUM PER REQUEST (30 DAYS)

TYPE OF ILLNESS: \_\_\_\_\_

**STIPULATION: ANY AND ALL DAYS TO AN APPLICANT FOR DAY(S) FROM THE SICK BANK PRECLUDES THAT SAID APPLICANT SHALL NOT BE EMPLOYED AT ANY OTHER OCCUPATION WHILE BEING A BENEFICIARY OF THE SICK BANK.**

**IF THE APPLICANT DOES NOT ADHERE TO THIS STIPULATION IT WOULD BE CONSTRUED AS A VIOLATION OF ELIGLIBILITY AND ALL OF THE DAYS GIVEN TO THE APPLICANT WOULD BE NULL AND VOID. ALSO, ALL THE TIME USED WOULD BE CONSIDERED LEAVE WITHOUT PAY; THEREFORE SUBJECT WILL REIMBURSE THE SICK BANK DUE TO UNATUORIZED USE OF TIME.**

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APPLICANT'S SIGNATURE

DATE

