

## INSTRUCTIONS FOR SUBMITTING REQUEST FOR SICK LEAVE BANK

### Members:

1. Fill out the top half of the Sick Leave Bank form completely.
2. Include an explanation of the circumstances requiring this absence and the need for the Sick Leave Bank, attaching a separate sheet if necessary.
3. We also will need an explanation of your leave use depletion prior to this event, if applicable.
4. Attach a copy of a current Physician's Statement.
5. Sign the form at the "DEPUTY SIGNATURE".
6. When completed, fax all above to your Lieutenant/Supervisor and ask them to expedite it through your Captain/Director to Human Resources.
7. After the SLB receives the request, a meeting will be scheduled and you will be notified of the results. Please allow a minimum of 2-3 weeks for this process after you submit it to your chain of command.

### Supervisors:

Please enter your specific comments on the member's leave use history and your recommendation of this request (attach a separate memo if necessary).

**COLLIER COUNTY SHERIFF'S OFFICE  
LEAVE BANK USE FORM**

DEPUTY NAME (PRINTED) \_\_\_\_\_ HIRE DATE \_\_\_\_\_

I.D. NO. \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

I will have exhausted all accrued sick, PDO, and compensatory leave time available to me by \_\_\_\_\_  
(estimated date)

I am requesting that I be authorized to use leave time from Collier County Sheriff's Office Leave Bank Program to cover the period ending \_\_\_\_\_ (the date physician estimates your return to work).  
(date)

Is injury/illness related to or eligible for Worker's Compensation? YES or No

Dates of planned absence (or estimate): Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Circumstances requiring absence (please type or print, attach a separate sheet, if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(ATTACH STATEMENT FROM PHYSICIAN.)

If you have had any significant use of sick leave prior to this event, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

.....

DEPUTY SIGNATURE: \_\_\_\_\_

PAYROLL VERIFICATION OF SLB MEMBERSHIP, AVAILABLE BALANCES & DATE ENTERED: \_\_\_\_\_

\_\_\_\_\_

PAYROLL TO ATTACH INDIVIDUAL'S LEAVE RECORD FOR COMMITTEE REVIEW.

\*SECTION SUPERVISOR RECOMMENDATION/SIGNATURE (comment required): \_\_\_\_\_

\_\_\_\_\_

\*DIVISION CAPTAIN OR DIRECTOR RECOMMENDATION//SIGNATURE: \_\_\_\_\_

\_\_\_\_\_

HUMAN RESOURCE DIRECTOR COMMENT/SIGNATURE: \_\_\_\_\_

\_\_\_\_\_

.....  
LEAVE BANK COMMITTEE APPROVAL OF HOURS OF LEAVE GRANTED TO COVER THE PERIOD ENDING \_\_\_\_\_  
(If different from time period requested, attach explanation) (date)

Chairman \_\_\_\_\_ (date)

Kevin J. Rambosk, Sheriff \_\_\_\_\_ (date)

\* REQUIRED RECOMMENDATION

Distribution of Completed Form:

Original - Personnel File; Copies to Payroll, Captain or Director