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).
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).

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 ___________________________ (date)

(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

Leaveban.FRM rev.03/09