



Human Resources
Office of Benefits Administration

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Leave Bank Request Form

The University of Akron Leave Bank Program allows Eligible Employees to request sick time from the Leave Bank to use while off work due to a catastrophic illness or non-work related injury (for self or immediate family member). To be considered an Eligible Employee, you must meet all of the following criteria:

- Not be employed in a position that is grant funded.
- Be an active full-time classified/unclassified unrepresented staff, contract professional or unrepresented faculty employee.
- Be suffering from a catastrophic illness or non-work related injury OR caring for an immediate family member who is suffering from a catastrophic illness or injury. Caring for an immediate family member requires that the employee's presence is deemed medically necessary and documented as such by a physician and that the individual is receiving care is defined as immediate family by applicable University Rule [3359-11-01](#) or [3359-26-04](#).
- Have exhausted all accrued vacation, sick and compensatory time. This can occur before going out on leave or during the leave before the employee's return to work date.
- Not currently receiving, nor has ever received Workers Compensation benefits for the requested condition.
- Have donated a minimum of eight (8) hours of sick time in one of the last two calendar years prior to submitting a withdraw request. (Note: this will not apply to employees who were hired within the past twelve (12) months. Employees who receive hours from the Leave Bank in their first year of employment will be required to donate at least eight hours in a subsequent enrollment after the employee has met the 120 hours leave accrual requirement.)
- Received less than 240 hours from the Leave Bank in the last rolling 12-month period.
- Employee has no record of disciplinary action related to the abuse of leave time or absenteeism prior to submitting a withdraw request.

Updated: 11/8/2021

Name:
Employee ID Number:
Dates of Sick Leave:
Number of Hours Requested

By making a withdraw request to this Leave Bank, I acknowledge and agree to the following:

- I meet all of the eligibility criteria under the Leave Bank Program.
- I have exhausted all paid time off.
- I am suffering from a catastrophic illness or injury that is not due to a current or past work related injury or I am caring for an immediate family member who is suffering from a catastrophic illness or injury.
- I acknowledge that I cannot utilize donated sick time until all my accumulated paid time off (vacation, sick and compensatory time) has been exhausted.
- I acknowledge that my receipt of sick time from the Leave Bank will not be entered until my time off accruals (vacation, sick, compensatory time) have been exhausted each week.

Employee Signature: _____ Date: _____

For HR Use Only:

Hire Date: _____

Paid Leave Exhausted: _____

Date of Last Donation: _____

Approved Denied Reason: _____

HR Signature: _____ Date: _____