



TO: **FEA Sick Leave Bank Committee**
2118 S. Cushman St., Fairbanks, Alaska 99701 (888) 456-4435 fax (907) 456-2159

FROM: _____
(print name)

DATE: _____

RE: **Sick Leave Bank Request**

I am requesting a grant from the FEA Sick Leave Bank. I understand that I must have donated to the Sick Leave Bank and that the committee must be able to show that I would have had at least five consecutive days of leave without pay without the grant in order to qualify for a grant. I will have exhausted all of my accrued sick leave and will need additional days of sick leave based upon the accompanying documentation. I understand that I am required to provide documentation for any use of the Sick Leave Bank.

My "f" number is: _____.

My work location is: _____.

My position is: _____.

My hours per work day are: _____

My first day off work was: _____.

I expect to return to work on: _____.

My documentation (doctor's note, obituary notice, etc.):
(circle one) 1) is attached 2) will follow

[Note: No grant will be made until proper documentation is received.]

(signature) (home or other telephone contact)

(home mailing address)