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# Non-Bargaining Employee Leave Bank Request Form

**Name:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

**Department:** Click or tap here to enter text.

**Supervisor Name:** Click or tap here to enter text.

I would like to request Click or tap here to enter text. days from the leave bank.

The purpose of this request is:

Click or tap here to enter text.

I authorize LCC Human Resources to release information concerning my need to the employees in the company for the sole purpose of soliciting donations of leave time.

**Employee Signature:**

**HR Approval Signature: Date:**

*\* A physician’s statement is required for absence longer than 4 continuous days.*

*\* Members who apply for usage of these funds must exhaust their own personal bank of leave time hours before being considered for additional leave hours.*