State of Illinois Employee Sick Leave Bank
Membership Application

Instructions: Employee applicants should keep the yellow copy of this completed form for their records and submit the original to their agency personnel officer.

Name _____ Social Security Number _____

Agency _____

Agency Address _____ Work Phone _____

Home Address _____ Home Phone _____

_____ Number of Sick Days Currently Held _____ Number of Sick Days to be Deposited

By my signature I declare that I have been employed full-time for six months or more by the state of Illinois.

Employee Signature _____ Date _____

I certify that this employee has sufficient accumulated sick leave to make a deposit. Also this agency's timekeeper has deducted the appropriate number of days (noted above) from the employee's sick leave record.

Personnel Officer Signature _____ Date _____

Request to the agency Sick Leave Bank for membership.

☐ Approved ☐ Denied

IL 401-1530 White - Sick Leave Bank Yellow - Employee Receipt