

Leave Bank Request Form  
**Utah State Board of Education**  
**Request for Leave Bank Assistance**  
(Reviewed 4/30/2018)

**Instructions:** The requesting employee should complete this form in consultation with the Human Resource Office. The Human Resource Office will submit this form to the appropriate level of approval for the leave being requested.

Employee Name: \_\_\_\_\_ Section: \_\_\_\_\_

Leave balances at the end of the last pay period: Date: \_\_\_\_\_ Balance: \_\_\_\_\_

Annual: \_\_\_\_\_ Sick: \_\_\_\_\_ Converted Sick: \_\_\_\_\_ Comp: \_\_\_\_\_ Excess: \_\_\_\_\_

Scheduled work hours per week: \_\_\_\_\_

\_\_\_\_ Facts that support my application for leave bank assistance are included in an FMLA Certification form and FMLA Application, or comparable medical certification if I am not eligible for FMLA, which is attached or has already been submitted to the Human Resource Office.

\_\_\_\_ I understand that I will be required to use FMLA in conjunction with any leave bank assistance that may be approved.

Dates of anticipated leave of absence:

Beginning date: \_\_\_\_\_ Ending date: \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approval:**

Recommend Approval: \_\_\_\_\_ Recommend Denial \_\_\_\_\_

**Human Resource Office:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Recommend Approval: \_\_\_\_\_ Recommend Denial \_\_\_\_\_

**Section:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Recommend Approval: \_\_\_\_\_ Recommend Denial \_\_\_\_\_

**Superintendent or Designee:** \_\_\_\_\_ **Date:** \_\_\_\_\_