ROGER WILLIAMS UNIVERISTY AND ROGER WILLIAMS UNIVERSITY SCHOOL OF LAW
REQUEST FOR SICK LEAVE BANK WITHDRAWAL

INSTRUCTIONS: Please complete the form, read the conditions listed at the bottom of this page, sign and date it and return to the Department of Human Resources to the attention of the

Signature and Acknowledgment:
I certify as to the truth and accuracy of the information I provided on this form.
I further understand that if leave is due to a health condition, I must submit periodic, updated medical

_____ ____/____/____
Employee Signature ***Date***

Human Resources Review

_____ _____/_____/_____
Authorized University Signature **Date**

Approved ☐	**Denied** ☐