



City of Cheyenne
2101 O'Neil Avenue
Cheyenne, WY 82001

Sick Leave Bank Request Form

Name: _____
(Last) (First)

Department: _____ SSN (Last 4): _____

Sick Leave Bank Request

Employees who request sick leave bank hours must be employed with the City of Cheyenne for at least one month. A maximum of 160 sick leave bank hours can be granted to each employee per rolling calendar year. **Requests without a physician's statement and signature will not be considered. Covid absences will require a positive test result.**

of Hours Requested: _____ Time to be used in (month/months): _____

Reason: COVID If not Covid, please explain reason for request: _____

Signature _____ Date _____
(Employee)

Signature _____ Date _____
(Supervisor)

Physician's Statement If Covid, please attach Positive Test Result Only

Signature _____ Date _____
(Physician)

Guidelines and Procedures

*Requests for the sick leave bank must be submitted to Human Resources.

*Sick leave bank requests will be considered only after applicant has exhausted his/her own paid leave.

*The Human Resources Director and the Mayor will consider the following criteria and any other relevant facts in reaching a decision:

- The applicant's history of sick leave usage.
- The recommendation of the supervisor and physician.
- The number of hours available in the sick leave bank.

*To avoid having leave without pay, requests for sick leave bank must be completed and submitted to Human Resources by the tenth of the month in order to receive a decision prior to payroll cutoff.

*Unused days granted by the sick leave bank must be returned to the bank if not used as outlined in the original request.

*A normal pregnancy and normal delivery do not entail the use of sick leave days from the sick leave bank, however, if maternity complications can be verified by the attending physician, the committee may consider employee's request for days from the sick leave bank.

*Sick Leave Bank may not be used in conjunction with Workers' Compensation.

Official Use Only

Request (circle one):

Approved

of Hours Approved _____

Denied

Reason for Denial _____

Signature _____ Date _____
Mayor (Official)

Signature _____ Date _____
Human Resources Director