

ATTACHMENT B

VACATION LEAVE BANK WITHDRAWAL REQUEST

TYPE OR PRINT:

| | | | | | | | | | | | | |
|-----------|---|---|--------------------------------------|----------|-------|-------|------|-------|-------|-----------|-------|-------|
| 1. | a.) Your Name (Last, First, Middle) _____ | b.) Social Security Number _____ | c.) Classification (Job Title) _____ | | | | | | | | | |
| 2. | Number of hours requested(not to exceed 480 hrs in a 12 month period) _____ | | | | | | | | | | | |
| 3. | <p>DIAGNOSIS: _____ DATE OF LAST EXAM: _____</p> <p>PROBABLE PERIOD OF INCAPACITATION: FROM: _____ TO: _____</p> <p>I _____, a duly licensed physician/doctor (Typed or printed name of Physician/Doctor)</p> <p>in the State of Alabama, certify that the above-named individual is under my care for the above medical reason(s) and due to this problem is unable to perform fully the duties of his/her regular position until the time noted.</p> <p style="text-align: center;">_____ Signature of Attending Physician/Doctor</p> <p style="text-align: right;">_____ Date</p> | | | | | | | | | | | |
| 4. | Hourly Income or Grade & Step \$ _____ | Accrued Leave Balance <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Vacation</td> <td style="width: 20%; border-bottom: 1px solid black;">_____</td> <td style="width: 20%; text-align: right;">Hours</td> </tr> <tr> <td>Sick</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: right;">Hours</td> </tr> <tr> <td>Comp Time</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: right;">Hours</td> </tr> </table> | | Vacation | _____ | Hours | Sick | _____ | Hours | Comp Time | _____ | Hours |
| Vacation | _____ | Hours | | | | | | | | | | |
| Sick | _____ | Hours | | | | | | | | | | |
| Comp Time | _____ | Hours | | | | | | | | | | |
| 5. | <p>Supervisor's Name _____</p> <p>Telephone #'s Home: _____ Work: _____ Cell: _____</p> <p>Timekeeper's Name: _____ Phone: _____</p> <p>I authorize the Vacation Leave Bank Committee to review my employment records for evidence of poor leave and attendance; use of vacation and/or sick leave reflecting a pattern of use contemporaneous with accrual; absence of a reserve of vacation and/or sick leave in relation to length of employment; poor job performance evaluations, record of disciplinary action that reflects negatively on reliability, trustworthiness, veracity, and job loyalty; and, absence of reasonable evidence to disprove indications of abuse of vacation and sick leaves.</p> <p style="text-align: center;">_____ DATE</p> <p style="text-align: center;">_____ EMPLOYEE SIGNATURE (If able to sign) or Supervisor or Timekeeper Signature</p> | | | | | | | | | | | |