

**Hood Community Cares Bank  
Application to Access Benefit**

The Hood Community Cares Bank is available under certain circumstances when an employee has exhausted their own paid leave benefits, but needs additional leave to care for themselves or a covered family member in the event of a serious illness or injury. Please refer to Policy 738 in the Staff Manual for details.

**Employee Information:**

Employee Name	Date of Request:
Position	Reason for Request:
Department	Employee's Own Illness/Injury
Supervisor	Illness/Injury of family member
	Child      Spouse      Parent
	Date(s) for which leave is requested:
	From:                      To:

Date employee approved for FMLA:

Has the employee used Sick Bank in last 12 months?    Y                      N                      If yes, # of hours:

Amount of leave used in the past 12 months:

Sick	Vacation	Personal	Dr. Appt	Other
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Request Status (must be approved every 15 days)

Approved:

From	To	HR Initials	_____
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From	To	HR Initials	_____
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Denied (Reason):

Supervisor Signature: \_\_\_\_\_

Division Head/VP Signature: \_\_\_\_\_

HR Signature: \_\_\_\_\_

Date Payroll Notified of Approval: