

**ATHENS STATE UNIVERSITY  
SICK LEAVE BANK**

**NOTICE TO SUBMIT DAYS TO THE  
ATHENS STATE UNIVERSITY SICK LEAVE BANK**

PLEASE PRINT

EMPLOYEE'S NAME: \_\_\_\_\_

EMPLOYEE I.D. NUMBER: \_\_\_\_\_

I HEREBY SUBMIT \_\_\_\_\_ DAYS TO THE ATHENS STATE UNIVERSITY SICK LEAVE BANK.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE