

**EAST CENTRAL UNIVERSITY**

**Faculty Sick Leave Authorization Form**

Name: \_\_\_\_\_

Department: \_\_\_\_\_ Current Month: \_\_\_\_\_

Please list below the date(s) sick leave was utilized this month:

_____	_____
_____	_____
_____	_____

**I hereby authorize East Central University to deduct \_\_\_\_\_ number of days from my sick leave benefit balance.**

\_\_\_\_\_  
Faculty Signature Date

\_\_\_\_\_  
Department Chair Date

## **FACULTY SICK LEAVE PROCEDURE**

- Department Chair will remind eligible faculty members to complete sick leave authorization form if sick leave has been utilized for that month.
- Faculty member (eligible to accrue sick leave) will complete, sign and date the ***Faculty Sick Leave Authorization Form*** on a monthly basis. The form is available under the faculty/staff and Human Resources tabs on ECU's website in the forms section.
- Completed form will be submitted to the Department Chair for his/her signature. The Department Chair will forward signed form to the Dean's office.
- The Dean will update sick leave balances for all faculty of his/her college/school and forward the original, completed ***Faculty Sick Leave Authorization Form*** to the Human Resources Department.