



Division of Human Resources

PRINCIPAL’S/WORKSITE SUPERVISOR’S STATEMENT

(Please Print)

Employee’s Name: _____

Job Title: _____

Work Location: _____

Dear Principal/Worksite Supervisor:

In order for the Sick Leave Bank Committee to determine if the above-named employee meets the criteria for the Sick Leave Bank, we are asking (with the patient’s consent) for the following information:

Please describe the above-named employee’s use of sick leave time for the past two years and your understanding of why the employee has exhausted all of his/her sick leave time?

Principal’s/Worksite Supervisor’s Signature

Date Signed

Thank you in advance for your assistance in this matter.

Please return this form to: Division of Human Resources
(Attn: Sick Leave Bank Committee)
620 East University Avenue
Gainesville, FL 32601