

**Abilene Christian University**  
**Request to Transfer Sick to Service Hours (S2S)**

Employee's Name \_\_\_\_\_ Banner ID # \_\_\_\_\_

Position/Department \_\_\_\_\_

Current Sick Leave Balance (must maintain a balance of 240 hours) \_\_\_\_\_

How and when will the Service Hours be utilized?

Organization: \_\_\_\_\_

Dates: \_\_\_\_\_

Hours requested: \_\_\_\_\_

Description of Service: \_\_\_\_\_

\_\_\_\_\_

This is to certify that I have read and agree to abide by Sick-to-Service program details.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

I approve this request.

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

\_\_\_\_\_  
Date

Request will be approved by HR if:

- \_\_\_\_\_
- 1) Minimum balance of 240 hours
  - 2) Supervisor has approved reason and time off
  - 3) Form is received 14 days prior dates requested

Otherwise you will be notified if denied

Request has been \_\_\_\_\_ Approved for \_\_\_\_\_ S2S hours

\_\_\_\_\_ Denied because \_\_\_\_\_

\_\_\_\_\_