

**JUDICIARY LEAVE DONATION AND LEAVE BANK PROGRAM
REQUEST FOR RECONSIDERATION OF DENIAL FORM**

NAME: _____ SOCIAL SECURITY: _____

WORK LOCATION: _____

EMPLOYEE HOME ADDRESS: _____

DATE LEAVE TO BE EFFECTIVE: _____ NUMBER OF HOURS REQUESTED: _____

In the space below, please indicate why you believe you were incorrectly denied the use of donated leave or leave from the Judiciary Leave Bank.

Please provide a brief description of each document which you believe should be reviewed in connection with your appeal and indicate which of these documents is attached. For each document identified but not provided because it is unavailable to you, please identify the person who has custody and control of the document.

EMPLOYEE SIGNATURE: _____ DATE: _____