Sick Leave Bank Usage Application

NAME: ____________________________________________________________

TITLE: ____________________________________________________________

SCHOOL/LOCATION: ________________________________________________

EMPLOYEE IDENTIFICATION NUMBER: ______________________________

NUMBER OF DAYS REQUESTED: ________________________________________

☐ Per the Board policy requirement to request donated sick leave before applying for sick bank days, I requested a donation of sick leave days on __________________.

Date

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REASON FOR REQUEST:

☐ Serious accident by the employee requiring extended work absences;

☐ Serious illness of the employee;

☐ Extended hospitalization of the employee, or

☐ Other serious, extenuating circumstances normally allowed for sick leaves approved by the Sick Leave Bank Committee.

STARTING DATE OF LEAVE ___________ ENDING DATE OF LEAVE ___________

NATURE OF ILLNESS OR INJURY - Please provide specific information, for which the sick leave is requested.

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

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If requested, you must attach a detailed statement from your attending physician stating the nature of the illness and the date that your physician anticipates releasing you to return to work. If this request is due to an illness of a family member, please provide the same documentation.

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DECISION OF SICK LEAVE BANK USAGE COMMITTEE

☐ APPROVED NUMBER OF DAYS ___________ BEGINNING DATE ___________

☐ DENIED REASON ______________________________________________________

__________________________________________ __________________

Signature, Committee Chairperson Date

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Review/Revised:1/25/10