# PERSONNEL 03.12321 AP.22

Sick Leave Bank Usage Application

Hancock County Schools

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, make application for \_\_\_\_\_\_\_\_\_\_ day(s) from the

Sick Leave Bank for the following reason(s):

🞏 1. Serious accident by the employee or family member requiring extended work absences.

🞏 2. Serious illness of the employee or family member requiring extended work absences.

🞏 3. Extended hospitalization of the employee or family member.

🞏 4. Other serious extenuating circumstances for employee only allowed for sick leave.

Provide specific information including the specific day(s) for which the sick leave is requested:

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For your application to be considered, you must attach a statement from the attending physician. The statement must include: (1) How long you must be off from work, (b) If surgery was involved, was it elective or non-elective, (c) If the reason for the application is a family member, will extended care be required and when will this care no longer be necessary. The physician’s statement must be signed and attached to this application.

Singed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of days approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by Sick Leave Bank Usage Approval Committee on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Committee Chairperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This application must be properly approved by the Sick Leave Bank Usage Approval Committee and the Hancock County Board of Education. Wages earned for any given month as a result of this approval will be paid in the same manner and on the same payroll dates as are now in effect for all employees.

Review/Revised:7/28/11