



MANKATO AREA PUBLIC SCHOOLS
Independent School District No. 77

**APPLICATION TO BORROW DAYS
FROM THE
SICK LEAVE BANK**

As a member of the Mankato Teachers Association and the Sick Leave Bank, I am applying to borrow _____ days of sick leave from the Sick Leave Bank. If granted, these days of leave shall be used to cover my absences commencing on _____ and continuing through _____. I affirm that my accrued sick leave will be exhausted by the foregoing commencement date, and that the sick leave is to be used for my own serious illness. I understand that my accrued sick leave at the end of each school year will be reduced by fifty percent (50%) until the total number of days that have been borrowed has been restored to the Sick Leave Bank. I have read Policy 464, Mankato Teachers Association Sick Leave Bank, and agree to abide by its terms and conditions.

Signature

Date

Printed Name: _____

Applications must be accompanied by a physician's statement documenting the need for sick leave. No application will be considered without such a statement. Please attach the physician's statement to this application and submit both to:

Sick Leave Bank Committee
c/o Office of Human Resources
10 Civic Center Plaza – Suite 2
Mankato, MN 56001