



DUNCANVILLE ISD

Writing success stories, one student at a time.

Duncanville ISD Sick Leave Bank Benefits Application

You must be a current member of the Sick Leave Bank in order to request benefits

EMPLOYEE INFORMATION

Name: _____ Employee ID# _____
Campus/Location: _____ Position: _____
Phone #: _____ Alternate #: _____
Date of Request: _____ Number of total days requested: _____ (Maximum 30 days per year)
Date of First Absence: _____ Expected Return to Work Date: _____
Employee's Signature: _____
Representative's Signature (If employee is unable to sign): _____
Representative's relationship to employee: _____

REASON FOR REQUESTING BENEFITS

Employee illness/injury (specify medical condition): _____

- Critical Care (name and relationship of family member): _____
 Bereavement (Name and Relationship of Family Member): _____
 Describe the care you will provide to your family member: _____

FOR DISTRICT USE ONLY

Eligible member? _____ Eligible absence? _____ 10 consecutive days of absence? _____

Number of SLB days used this school year: _____ (max 30)

- Approved by SLB Board – Number of days approved: _____
 Not approved – Reason: _____
 Deferred – Reason: _____

Signature of SLB Chairperson: _____ Date: _____