

# Jasper County Charter System

## Sick Leave Bank Request for Withdrawal of Days

**A PHYSICIAN'S STATEMENT IS REQUIRED BEFORE THE SICK LEAVE BANK  
COMMITTEE WILL CONSIDER YOUR REQUEST**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Please Print)

School \_\_\_\_\_ Position \_\_\_\_\_

No. Days Requested \_\_\_\_\_ Reason for Request \_\_\_\_\_

Is this your first request for this illness? \_\_\_\_\_ How many previous days were approved? \_\_\_\_\_

Have you been granted Bank days previously for other illnesses? \_\_\_\_\_ How many? \_\_\_\_\_

How long have you been ill/injured? \_\_\_\_\_ Workers' Comp? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* All leave granted, but not used by the member, must be returned to the Sick Leave Bank

### **AUTHORIZATION FOR RELEASE OF ADDITIONAL MEDICAL INFORMATION**

By signing this statement, I hereby authorize my medical records/information which pertain to this request to be released to the Sick Leave Bank Committee for review.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### **PAYROLL USE ONLY**

Number of SL days used this school year \_\_\_\_\_ No. of SL days available \_\_\_\_\_ Last day worked \_\_\_\_\_

Has current sick leave expired? \_\_\_\_\_ If so, when? \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

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### **SICK LEAVE BANK COMMITTEE USE ONLY**

Date Received \_\_\_\_\_ Number of days requested \_\_\_\_\_

Committee Statement \_\_\_\_\_

Committee Chairperson's Signature \_\_\_\_\_ Date \_\_\_\_\_

(One copy to Committee, one copy to Applicant, one copy to Payroll)