

Sick Day Bank Application

Completed applications need to be submitted to Oversight Committee c/o Paula Yablonski at Butler High School.

Name: _____ Building: _____

Reason for Request:

Date Sick Leave is exhausted: _____

(Note: All personal sick leave accumulation, including any advancement must be exhausted)

Number of Days Requested (Not to Exceed 30 Days): _____

Renewal of Application: Yes No

Attach a Physician's Statement.

Signature _____ Date _____

Committee Use Only

Date Received: _____

Approved: _____ Denied _____ Date: _____