MESQUITE ISD EMPLOYEES' SICK LEAVE BANK

REQUEST FOR SICK LEAVE BANK DAYS

Legal Name _____ Date / /

Date of Birth_____ MISD ID #

Phone # _____ Position _____

Campus / Facility _____

Length of time employed by MISD: Years _____ Months _____

Hire date _____

Have you been absent before payroll pull date at the beginning of the school year? Yes ☐ No ☐

First day to miss work for this absence _____

☐ I have or will have used all of my available sick days, personal business days and tenure days for this year.

Sick leave bank days should begin: _____
Month Day Year

The above requested days are needed for the reason of personal illness or injury as described below:

_____

_____

_____

_____

_____

Is your condition Chronic: Yes or No

Are you currently receiving Workman's Compensation?
*Per our guidelines, you may not receive sick bank and workers compensation simultaneously.

A statement from my physician is attached.

_____
Signature Date

Return this form to MEA Only

Physical Address: 2133 N. Beltline Mesquite, TX 75150
Phone 972-882-5504 Fax 972-882-5413