LIBERTY ELEMENTARY

SICK LEAVE BANK WITHDRA

APPLICANT INFO

Name: _____

I request _____ days from the Sick Leave Bank and verify the follo

1. I am an applicant for utilization of the Sick Leave Ba
2. I am a contributor to the Sick Leave Bank and a cur
3. I have exhausted all accrued sick leave.
4. I have not qualified for short or long term disability
5. I have attached supporting documentation from a h
   the conditions requiring the need for receipt of sick le
   health needs.
6. I have included below an anticipated date of return.

Applicant's Signature _____

Expected date for return to duty: _____

SICK LEAVE BANK COM

Date Application Received:			
Application Reviewed:			
Number of Days Approved:			
Comments:			

		2		

Date Application Received:				
Leave Start Date _____ End Date _____			**Hours Paid**	
Processed by:				
Comments:				

SCHOOL DISTRICT #25

AWAL APPLICATION FORM

ORMATION

Work Location: _____

Date _____

MITTEE REVIEW

Date Action Taken: _____

Approved   Denied   (circle one)

Authorized Signature:		4		

T PROCESSING

Date Application Processed:				
	Check Date _____			
Date Processed:				

LIBERTY ELEMENTARY SCHOOL DISTRICT #25
SICK LEAVE BANK WITHDRAWAL APPLICATION FORM

APPLICANT INFORMATION

Name:	**Work Location:**
Street Address:	
City, State, ZIP:	
Home/Cell Phone:	

Nature of Accident, Illness or Injury:

Date of Accident, Illness or Injury:	**Last Day of work:**
Date on which your sick leave will expire:	
Number of days requested:	**Date you expect to return to work:**

Applicant's Signature	**Supervisor's Signature**

SICK LEAVE BANK COMMITTEE REVIEW

Date Application Received:	**Date Action Taken:**
Application Reviewed:	**Approved** **Denied** (circle one)
Number of Days Approved:	**Start Date:** **End Date:**
Comments:	

Authorized Signature:

PAYROLL DEPARTMENT PROCESSING

Date Application Received:	**Date Application Processed:**
Gross $ Paid: **Hours Paid:**	**Check Date:**
Processed by:	**Date Processed:**
Comments:	