

Classified Council

Lewistown Public Schools

SICK LEAVE BANK FORM Donation & Request



Received by Lincoln Representative

Date: _____ Initials: _____

Date of Next Meeting: _____

(For Classified Council Use.)

Board Policy 5510F

Please read and follow the Classified Sick Leave Guidelines and return this completed form to the Classified Council Representative at Central Office.

Name of Employee: _____ Date: _____
(Please Print)

Any classified employee may donate hours to the Sick Leave Bank in accordance with the Sick Leave Bank Guidelines. Please contact a Classified Council Representative with any questions.

☐ **DONATION**

Number of Hours **Donating** to the Sick Leave Bank: _____

Signature of Employee Donating Hours: _____

☐ **DIRECT DONATION** (Must Meet Specific Guidelines For This.)

Number of Hours **Donating** to "Person in Need": _____

Name of Person You are **Donating Directly** to: _____

Signature of Employee Donating Hours: _____

Employees who have exhausted all of their sick leave may request up to 100 hours, per incident, from the Sick Leave Bank, according to the employees contracted hours per day. Classified Council will approve/deny request per the Classified Sick Leave Bank Guidelines. You will be notified ASAP. This request must be turned into the **Representative at Central Office within 2 weeks of incident**.

☐ **REQUEST**

Number of Hours **Requesting** For Use From the Sick Leave Bank: _____

Pay Period Dates: _____ to _____ Contract Hours Per Day: _____

Dates of Requested Hours Needed (For Above Pay Period): _____

(Dates must coincide with payroll dates. If the dates you are requesting fall in two (2) different pay periods, you must fill out two (2) separate request forms.)

Reason for Request (Please Explain): _____

Signature of Employee Requesting Hours: _____

☐ **Physician's Statement is attached.** (Must be attached to your first request only.)

(For Classified Council Use.)

Classified Council Approval: _____

Date: _____

☐ Approved

☐ Denied (reason): _____