

**Alvarado ISD
SICK LEAVE BANK**

**Sick Leave Days Request Form
(Must be filled out completely)**

Name _____

Social Security Number: _____

Campus _____

Date of Birth: _____

Home Phone _____

- I request _____ days from the Sick Leave Bank (number of days requested must be in increments not to exceed thirty (30) days.
- Date any days granted are to begin: _____
- First day absent with this illness or accident: _____
- This is my 1st, 2nd, 3rd, or ____ request (circle one). If 2nd, 3rd, etc., request, give date of last day previously granted: _____

Additional days granted, if any, will follow in continuity with the last day previously granted.

Signed: _____ Date: _____

Job Title: _____

*This request cannot be acted upon until the physician's statement is received. This **completed** form may be sent to:*

AISD Personnel Department

P.O.B. 387

Alvarado, TX 76009

...which will then be sent to the Executive Director of the SLB Committee.

~~~~~

**OFFICE USE ONLY**

Physician's Statement received: \_\_\_\_\_ Date: \_\_\_\_\_

Request Approved: \_\_\_\_\_ Request Denied: \_\_\_\_\_

Number of days approved: \_\_\_\_\_

Dates from: \_\_\_\_\_ Through: \_\_\_\_\_

Signed: \_\_\_\_\_

Executive Director SLB Committee

Date: \_\_\_\_\_