

**FORT MILL
SCHOOLS**
Office of Superintendent

Policy GCCAAA

**SICK LEAVE BANK
RECIPIENT REQUEST FORM**

Name of Employee

Date

Address

City/State/Zip Code

Position

Current School/Location

Last day at work: _____

Expected number of days needed: _____

Reason for request: _____

Signature of Employee

Supporting documentation (Sick Leave Physician's confirmation, etc.) must be attached.

Approved

Sick Leave Bank Board Chairman

Date

Number of days/length of time approved

Effective Dates

Rejected

Sick Leave Bank Board Chairman

Date

Fort Mill School District No. 4