Sick Leave Bank Usage Application

NAME: _____

TITLE: _____

SCHOOL/LOCATION: _____

EMPLOYEE IDENTIFICATION NUMBER: _____

NUMBER OF DAYS REQUESTED: _____

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REASON FOR REQUEST:

☐ Serious accident by the employee requiring extended work absences;

☐ Serious illness of the employee;

☐ Extended hospitalization of the employee, or

☐ Other serious, extenuating circumstances normally allowed for sick leaves approved by the Sick Leave Bank Committee.

STARTING DATE OF LEAVE _____ **ENDING DATE OF LEAVE** _____

NATURE OF ILLNESS OR INJURY - Please provide specific information, for which the sick leave is requested.

_____

_____

_____

_____

If requested, you must attach a detailed statement from your attending physician stating the nature of the illness and the date that your physician anticipates releasing you to return to work. If this request is due to an illness of a family member, please provide the same documentation.

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DECISION OF SICK LEAVE BANK USAGE COMMITTEE

☐ **APPROVED** **NUMBER OF DAYS** _____ **BEGINNING DATE** _____

☐ **DENIED** **REASON** _____

_____ _____

Signature, Committee Chairperson ***Date***

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Review/Revised:7/23/09