

Krum Independent School District

809 E. McCart

Krum, Texas 76249

(940)482-6000

FAX (940) 482-3929

Sick Leave Bank

Request for Sick Leave Bank Days:

Date

Social Security Number

Last Name

First Name

Middle Initial

Campus

Position/Assignment

Length of time employed by KISD

Years

Months

Days absent during current school year _____
Days

_____ I have donated two (2) days of my local leave and I am a member of the Bank.
Yes/No

Reason for requesting Sick Leave Bank Days:

_____ I have or will have used all of my available state/local sick leave days for this year.
Yes / No

_____ Number of days requested from the Bank.

_____ Date Bank days should begin
mm/dd/yy

The above requested days are needed for the reason described:

Signature

Date

The employee is responsible for completing and returning all forms to the business office.

The employee is responsible for reading and understanding the Sick Leave Bank Policy approved by the KISD Board of Trustees.