Krum Independent School District
1200 Bobcat Blvd. Krum, Texas 76249 (940)482-6000 FAX (940) 482-3920

Sick Leave Bank
Request for Sick Leave Bank Days:

Last Name First Name Middle Initial

Campus **Position/Assignment** **Date**

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

_____ (Epidemic: Spring 2021) I have or will have used all of my available state/local sick leave days due to an Epidemic this spring. Yes/No

(Sick leave used for a quarantine due to epidemic does not qualify for the Sick Leave Bank)

_____Number of days requested from the Bank.

_____ Date Bank Days should begin.
mm/dd/yy

Please describe the reason for Sick Leave Bank request:

_____ _____
Signature Date

<u>The employee is responsible for completing and returning all forms to the business office.</u>
The employee is responsible for reading and understanding the Sick Leave Bank Policy approved by the KISD Board of Trustees.