



New Caney Independent School District Sick Bank

Request to Use Sick Bank Days

Please complete this form and forward to Marsha Stuard in the Human Resources Department.

Campus/Dept. _____ Employee ID# _____

NAME

First

Middle

Last

ADDRESS

Street or Post office Box

City

State

Zip

HOME PH _____ CELL PH _____

I, the undersigned, am a member of the New Caney Independent School District's Sick Bank Program. I hereby request the use of days from the bank per the attached medical documentation. I understand that first year members are limited to a maximum of 10 days from the bank and previous year members are eligible for up to 25 days.

Date

Signature

Please note, this form will not be submitted to the Sick Bank committee for approval until the proper medical documentation has been received in Human Resources. FMLA medical certification can be used if it contains enough information for the committee to determine that the absences are eligible in accordance with the sick bank guidelines.

For use by payroll personnel only:			
Sick bank:	Eligible for _____ days		
Pay date _____	Used _____	Days _____	Dates covered: _____
Pay date _____	Used _____	Days _____	Dates covered: _____
Pay date _____	Used _____	Days _____	Dates covered: _____
Pay date _____	Used _____	Days _____	Dates covered: _____