



Human Capital Management

Sick Leave Bank (SLB) Application

In order to be a member of the Sick Leave Bank (SLB), the employee must donate one local day annually to the SLB pool.

Employees must be on an approved medical leave AND have exhausted all PTO to be eligible for Sick Leave Bank (SLB) days to be considered.

Applicant: Please complete this application in its entirety. Please submit your application electronically.

Last Name: _____ First Name: _____	
Employee ID: _____	
Home Address: Street: _____	
City: _____ State: _____ Zip: _____	
Cell Phone Number: (____) ____ - _____	Additional Contact Name: _____
Personal Email: _____	Additional Contact Phone Number: (____) ____ - _____
Are you a current member of the Sick Leave Bank? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many sick leave bank days you are requesting? _____ (may not exceed 20 in a school year)	
Employee Signature: _____	
Date: _____ (mm/dd/yyyy)	
Is this form being completed by the employee requesting leave? Yes or No	
<u>Only answer this question if your previous response was 'Yes'</u>	
If completing this form on behalf of the employee, please provide your information below.	
Name: _____ Relationship: _____	
Cell Phone Number: (____) ____ - _____ Email: _____	

Note: The SLB Program is contingent upon days being available. If there are no days available at the time of your request, you must re-apply if days become available

Employees may be approved for up to 20 SLB days or 160 hours per school year. The member request to utilize the SLB must be submitted within 15 days from the date the employee goes from a paid to an unpaid leave of absence status. Employees requesting SLB days must do so by submitting their application to the Benefits Review Committee (BRC).

If you are unable to electronically submit this form, you may also return your application by mail or email.

**Benefits Department
Dallas Independent School District**



APPLICATION FOR SICK LEAVE BANK (SLB) DAYS

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