

**BARTLETT CITY SCHOOLS
Certified Sick Leave Bank**

Date Received _____

REQUEST TO USE SICK LEAVE DAYS

Name _____ Soc. Sec. No. _____
Last First Initial

Address _____
Street City/State Zip

School _____

School or Department _____

Home Phone _____ Cellular Phone _____

Have you used the Sick Leave Bank previously? ☐ Yes ☐ No

Are you receiving disability or other funds from any other source for the requested days? ☐ Yes ☐ No

If so, please list _____

REQUEST

☐ Original Request ☐ Extension _____

Estimated Date Accumulated Leave Expired _____ Date Verified by Human Resources _____

ALL PERSONAL, SICK, AND VACATION LEAVE DAYS MUST BE USED PRIOR TO SICK LEAVE BANK APPLICATION.

Elective treatment and/or surgery is not covered by the sick bank.

Number of Days Requested _____ (1 to 20 days for each request – original or extension)

Attending Physician _____

Comments Regarding Illness (Response Required) _____

I certify that the information is true, correct and complete. I further acknowledge that any false or misleading information, or omission of factual information, may result in the denial or revocation of granted sick leave bank days. I understand that I can only use sick leave bank for a maximum of 60 days in one school year.

Date of Request

Applicant's Signature

APPROVAL

(To Be Completed By Human Resources)

☐ Original Request ☐ Extension No. 1 ☐ Extension No. 2 Date of Enrollment _____

Request Approved: ☐ Yes ☐ No Number of Days Approved _____

Effective Dates: From _____ To _____

History of Previous Use of Sick Leave Bank (Year and Days Used) _____

Reply Date: _____

Please return this form to:
Bartlett City Schools
Human Resources
Attn: Ann Hale
5650 Woodlawn St.
Bartlett, TN 38134
901-202-0855
Fax: 901-202-0854