

Wilson County Schools
Jeff Luttrell
Director of Schools



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CERTIFIED SICK LEAVE BANK REQUEST FORM

NAME: _____

ADDRESS: _____

SCHOOL OR DEPARTMENT: _____

EMPLOYEE NUMBER#: _____ PHONE NUMBER: _____

INFORMATION REGARDING REQUEST

DATE SICK LEAVE EXPIRED: _____ NUMBER OF DAYS REQUESTED: _____
(20 days maximum)

SIGNATURE OF EMPLOYEE _____ DATE: _____

COMMENTS: _____

APPROVAL

(To be completed by Committee of Trustees)

REQUEST APPROVED: YES _____ NO _____ DATE: _____

NUMBER OF DAYS APPROVED: _____

EFFECTIVE DATES: FROM: _____ TO: _____

COMMENTS: _____

PLEASE RETURN THIS FORM TO: HUMAN RESOURCES ■ 415 HARDING DR. ■ LEBANON, TN 37087