

WEST CHESTER AREA SCHOOL DISTRICT  
SICK LEAVE BANK  
REQUEST FOR USE FORM

1. I am hereby requesting that I be granted sick leave days from the Sick Leave Bank as established by the agreement between the West Chester Area School District and the registered members of the Sick Leave Bank.
2. With this application, I have submitted a physician's statement verifying the serious nature of my illness and my inability to return to work with the District.
3. I am not presently receiving Workers Compensation or any other disability payments.
4. I understand that all Sick Leave Bank days shall cease when I return to work or am declared fit to work by a physician
5. I understand and agree that I will have exhausted all of my accumulated sick, personal and vacation days before any Sick Leave Bank days may begin.

Sick Leave Bank Days requested to begin on: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Position: \_\_\_\_\_

Building: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_

Date of Registration with the Sick Leave Bank \_\_\_\_\_

Please submit to the Human Resources Office in the Spellman Administration Building.