

**HYDE PARK TEACHERS' ASSOCIATION
SICK LEAVE BANK COMMITTEE
REQUEST FOR WITHDRAWAL FROM SICK LEAVE BANK**

To: Sick Leave Bank Committee, c/o Personnel Office

From: _____ School _____

Date: _____

As a participant in the sick leave bank, I request that _____ days of sick leave be withdrawn from the sick leave bank in my name to cover my extended illness or disability from _____ to _____.

Signature

PHYSICIAN'S CERTIFICATION

I certify that _____ has been under my care
(Patient's name)
for _____ and will be unable to perform his/her
(Illness or disability)

duties on the following dates: _____ through _____.

Diagnosis with explanation:

Prognosis with explanation:

Physician's Signature

Print Name

Physician's Stamp

Committee Action:

___ Approved for _____ days

___ Disapproved

___ Tabled (additional information requested)