Created April 2025

Sick Leave Bank
Appeal and Request for Extension

Name _____ Date _____
PHSD Building and Position _____
Number of Days Requested _____ Anticipated Date of Return to Work _____

Please complete and submit this form to the Sick Leave Bank Committee if:

- You have made an initial request for hours from the Sick Leave Bank and have been denied.
- You have exceeded the 30 days of Sick Bank Leave for the current contract year and find it necessary to extend your sick leave.
- You have a need of Sick Leave Bank hours for a qualifying reason of long-term illness, chronic condition, or injury, but the situation requires an explanation of circumstances.

Please briefly explain the circumstances of your appeal or request, as pertaining to extraordinary circumstances (attach additional pages, if needed):

Other requirements:

- Please attach the required statement by your medical provider.
- If this is an appeal, please attach a copy of your original request to access Sick Leave Bank hours, including the reason given by the Committee for the denial of that request.
- The Sick Leave Bank Committee may request a meeting with you to discuss your circumstances.

Signature _____ Date _____