



Nantucket Public Schools

Human Resources Office
10 Surfside Road
Nantucket, MA 02554

Request for Sick Bank Leave

Name:

Date:

School/Position:

Union Unit: Teacher, TA/ESP, Facility/Grounds
circle one

Number of Days Requested:

Description of Applicant's Illness:

I, _____ authorize Nantucket Public Schools and the Town of Nantucket, its employees and agents, to release to the Sick Bank Committee my personal health information maintained by the human resources department for the purpose of helping me to be considered for sick bank benefit coverage issues. I understand: (1) that all personal health information provided to members of the Sick Bank Committee will be designated as confidential by the human resources department; (2) that the Sick Bank Committee and its members have acknowledged that they are bound to maintain the personal health information as confidential; and (3) that all documents or records containing personal health information that is provided to members of the Sick Bank Committee will be returned to the human resources department.

Signature: _____

This application should be completed and forwarded to:

Human Resources Office, Attn: Sick Bank Committee
Nantucket Public Schools - Central Office
32 First Way
Nantucket, MA 02554

HR USE ONLY

Date of Sick Bank Meeting: _____

Number of Days Approved: _____