Chad Daugherty
Superintendent

Dorchester
School
District Two
815 SOUTH MAIN STREET SUMMERVILLE, SC 29483 • (843) 873-2901 • FAX (843) 873-4053

SICK LEAVE BANK APPLICATION

Please submit this form with the **Medical Attestation Form** to sickleavebank@dorchester2.k12.sc.us

Full Name: _____ Date of Birth: _____

School/ Site: _____ Status: Full-Time ◯ Permanent Part-Time ◯

Preferred Email Contact: _____

Date you have used or anticipate having used all accrued sick, personal, and/or annual leave days: _____

Requested number of days from the Sick Leave Bank: _____ Intermittent Request: Y ◯ N ◯

Have you applied for short or long-term disability? Y ◯ N ◯

Have you applied for Family Medical Leave? Y ◯ N ◯

Nature of Catastrophic Illness or Injury: _____

_____

_____

Have you previously used the Dorchester Two Sick Leave Bank? Y ◯ N ◯

If so, for how many days? _____

FOR DISTRICT USE ONLY:

Qualified Member of Sick Leave Bank: Y ◯ N ◯

Verification of Available Leave Time: Y ◯ N ◯

Verification of 20-day Requirement: Y ◯ N ◯

FOR COMMITTEE USE ONLY:

Approved ◯ Number of Days: _____ Beginning Date: _____

Denied ◯ Reason for Denial: _____

Approval Signature: _____ Date: _____

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