**Sick Leave Bank Application 2024-2025**
**USD 261 Certified Staff**
Send all applications to Michelle Groh at Rex

Name_____ Building _____
First M Last

Outcome of the application will be sent via email to: _____
(Your email address – please print neatly)

By making this application, I confirm that I am an active participant in the Sick Leave Bank according to the guidelines in Article VII, Paragraph 5 of the Haysville USD 261 Negotiated Agreement, and my individual Sick Leave has been exhausted. I also acknowledge that applying to the SLB does not automatically mean days will be granted.

_____ _____
Applicant Signature Date

**Number of days requested** _____ **Dates of Absence/s**_____
Please provide a brief explanation for the use of the day(s) requested from the SLB. Please attach a copy of a doctor's statement relating to these days. Note days cannot be requested in advance of an anticipated absence. Days can only be requested after the absence has occurred. Additionally, the Sick Leave Bank Committee retains the right to request further information.

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Approved _____ Denied _____

Denial of an application for days from the SLB may be appealed by submitting a letter to the chairperson of the SLB.