HAYSVILLE SCHOOLS
USD 261

Classified Sick Leave Bank
Application for Withdrawal

This form is to apply for days from the Classified Sick Leave Bank. The maximum number of days that any one participant can withdraw from the bank per request is 10 days. Your work day is based on your scheduled daily hours. If additional days are needed you will need to reapply on a separate application. Applications must be submitted within 30 calendar days after the employee has been cleared to return to work.

Please complete this form as soon as possible to avoid any Payroll salary deduction.

The Classified Sick Leave Bank governing committee will review this request. The committee consists of persons as stated in the policy.

Date: _____

I, _____, hereby request _____ days from the Classified Sick Leave Bank. By making this application, I confirm that I have contributed one day of my sick leave to the bank this school year during my Benefits Enrollment Period.

Signature: _____

Phone: _____

Building: _____ Position: _____

Please list the exact dates you are requesting to be covered by the Classified Sick Leave Bank:

_____

_____

In paragraph form, provide a brief explanation, for the use of days requested from the Classified Sick Leave Bank. Attach a copy of a doctor's statement. The Classified Sick Leave Bank Committee retains the right to request further information.

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Maximums have been set as follows:
20 Annual Leave Days maximum for accident/injury
20 Annual Leave Days maximum for illness
40 Annual Leave Days maximum for terminal illness
(Applicants may re-apply for terminal illness)

Return this application as soon as possible to Courtnie Louia in the Business Office.

For Payroll Use Only:

Has this employee donated one day for the Sick Leave Bank? _____

Has the employee exhausted all Sick and Annual Leave Days? _____

Has the employee used any Sick Leave Bank this year? _____

If so, how many days / hours has been used? _____

How many hours per day does this employee work? _____

How many days / hours is the employee eligible to receive? _____

Sick Leave Bank Committee Decision:

Approved: _____ Denied: _____

Date: _____ Date: _____

Rationale given by the Sick Leave Bank Committee:

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