



# East Hanover Township School District

## SICK LEAVE BANK

### Application to Request Days

Name: \_\_\_\_\_

School/Department: \_\_\_\_\_

#### Absence Information:

First day absent for this event: \_\_\_\_\_

Expected or actual date of return to work: \_\_\_\_\_

If approved, date that the Sick Leave Bank days will begin: \_\_\_\_\_

#### Previous Sick Leave Bank History:

Have you been awarded Sick Leave Bank days before? \_\_\_\_ Yes \_\_\_\_ No

If Yes, please indicate which year or years this occurred: \_\_\_\_\_

I understand that I am subject to a 30-day waiting period before I can request days and that the Administration Committee will grant days in accordance with the guidelines and procedures outlined in Policy 3432.2 and Policy 4432.2.

*I have read and agree to abide by Policy 3432.2 and Policy 4432.2.*

*Based upon the information provided about this absence, I am applying for \_\_\_\_\_ Sick Leave Bank days to be allocated from the current Sick Leave Bank year. Additional comments, as appropriate, are attached or provided on the reverse side.*

*By signing below, I authorize the release of medical and employment records as may be required to validate this request. I also affirm that the information given is both true and correct.*

*I recognize that this request cannot be acted upon until the physician's statement is received by the Sick Leave Bank Administration Committee.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

This form along with the physician's statement of medical condition should be submitted to:

Joyce Newburg  
Superintendent's Office  
20 School Avenue  
East Hanover, NJ 07936

#### **FOR OFFICIAL USE:**

Date received: \_\_\_\_\_

Date Physician's Statement received: \_\_\_\_\_

Date reviewed by the Administration Committee: \_\_\_\_\_ Action taken: APPROVED DISAPPROVED

Number of days approved: \_\_\_\_\_ Starting: \_\_\_\_\_ Through: \_\_\_\_\_

Chairperson signature: \_\_\_\_\_ Date: \_\_\_\_\_