

WOOD COUNTY BOARD OF EDUCATION
PERSONAL LEAVE BANK BOARD
APPLICATION FOR WITHDRAWAL

NAME: _____ DATE: _____

HOME PHONE: _____ CELL PHONE: _____

EMPLOYEE ID #: 99600 SCHOOL: _____

ADDRESS: _____

SIGNATURE OF APPLICANT/REPRESENTATIVE: _____

ALL AREAS OF THIS FORM MUST BE COMPLETED FOR THE SICK BANK LEAVE BOARD TO CONSIDER YOUR REQUEST

LAST DAY PHYSICALLY WORKED: _____ LAST DAY OF PERSONAL LEAVE: _____

DATE YOU REQUEST SICK LEAVE BANK TO BEGIN: _____

EMPLOYEE MUST COMPLETE TEN (10) DAYS OF ABSENCE WITHOUT PAY BEFORE DAYS CAN BE RELEASED.

LAST DAY OF LEAVE REQUESTED: _____

THERE IS A 50 DAY MAXIMUM WITHDRAWAL FOR ONE YEAR AND A 100 DAY MAXIMUM LIFETIME WITHDRAWAL.

ITEMS THAT MUST BE ATTACHED TO THIS APPLICATION:

A detailed statement from a physician (specialist recommended) in the field concerning your request.
The doctor's order should include:

- A. Nature of the incident or illness
- B. Date the disability began
- C. Date on which the employee is released to return to work.

Please return the application with any and all information available to:

Wood County Board of Education
Sick Leave Bank Board
1210 13th Street
Parkersburg, WV 26101-4198

For Office Use Only

Checklist:

Completed Application: _____ Completed Leave of Absence: _____ Medical Verification: _____

Approved: _____ Rejected: _____ Reason: _____

Chairperson

Member

Member

Member

Date payroll sheets were submitted: _____