

ARKADELPHIA PUBLIC SCHOOLS

**CLASSIFIED SICK LEAVE BANK REQUEST FORM**

*Complete and return form to the sick leave bank committee chairperson or payroll clerk. Request form should be submitted at or near depletion of accumulated sick leave and before payroll deduction is made.*

**SECTION A – TO BE COMPLETED BY EMPLOYEE (PRINT OR TYPE)**

Name \_\_\_\_\_

School/Department \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Last Date Accumulated Leave Used: \_\_\_\_\_

Number of SLB Days Requested: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Are you currently being treated by a physician? \_\_\_\_\_ Have you been hospitalized? \_\_\_\_\_

Describe the nature of your catastrophic illness or disability: \_\_\_\_\_

\_\_\_\_\_

*Attach required doctor notes to this form.*

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1. The Sick Leave Bank is available to members with an extreme emergency or when other catastrophic illnesses or disabilities occur to the member or the member's family as defined in **Policy 8.5**.
  2. The member must have depleted all his/her own sick and personal leave before requesting Sick Leave Bank days. All twelve (12) month employees must also have depleted all vacation days before making a request.
  3. The total number of days a member may receive shall not normally exceed twenty (20) but could be extended to forty five (45) upon approval of the Sick Leave Bank Committee.

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

\_\_\_\_\_  
Date

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**SECTION B – TO BE COMPLETED BY SICK LEAVE BANK COMMITTEE**

Date Request Received: \_\_\_\_\_ Physician's Statement Attached \_\_\_\_\_ Y \_\_\_\_\_ N

Request Granted \_\_\_\_\_ Number of Days Granted From Sick Leave Bank \_\_\_\_\_

Request Denied \_\_\_\_\_ Reason Denied \_\_\_\_\_

\_\_\_\_\_  
Signature of SLB Committee Chairperson

**SUBMIT ALL COPIES TO: APPLICANT, PAYROLL CLERK, SLB CHAIRPERSON**