

ARKADELPHIA PUBLIC SCHOOLS

**EXTENDED 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 sick leave bank days 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? \_\_\_\_\_

Have you ever requested days from the bank before? If yes, state when, how many, and reason.

\_\_\_\_\_

\_\_\_\_\_

*Attach required doctor notes to this form.*

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

\_\_\_\_\_  
Date

---

**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**