

**Westside Consolidated Schools**

Application for Sick Leave Bank Days Governed by Board Policy 3.9

To: Sick Bank Review Committee

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

Address \_\_\_\_\_

Job Location \_\_\_\_\_ Assignment \_\_\_\_\_

Please consider this as a formal request to withdraw \_\_\_\_\_ days from the Westside Consolidated School District Sick Bank.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\*Please complete the attached checklist concerning your illness and make sure all information is complete.

This is to certify that I have used 20 leave days and authorize the Sick Leave Bank Committee to have access to my records to determine my eligibility.

\_\_\_\_\_  
(Signature)

Please complete all information above with checklist and return to the Sick Bank Review Committee Chairperson (not Kim Clayton).

\*\*\*\*\*

**Office Information**

To Be Filled Out By Central Business Office

Sick Leave Bank Enrollment Date \_\_\_\_\_

Number of leave days accumulated at the beginning of this school year \_\_\_\_\_

Number of leave days earned for present school year \_\_\_\_\_

Have 20 leave days been used? \_\_\_\_\_

Date of last paid leave day \_\_\_\_\_

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**Committee Recommendation**

\_\_\_\_\_ Approved request for \_\_\_\_\_ days(s)

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

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Chairperson)

Comments:

# CHECKLIST

*Turn this checklist in with the proper documentation along with your sick bank application to the sick bank chairperson, Mary Jo Clark (located at the high school).*

- 1. Do not turn your request in until you return to work or have a definite date to return.*
- 2. Include a copy of all your blue forms pertaining to your illness/accident.*
- 3. A letter from your doctor stating:
  - 1) A description of the medical issue.*
  - 2) Must say the employee is unable to work.*
  - 3) A projected date of return to work or a release back to work date.**

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Signature and Date