

**Prairie View USD 362**  
**Application for Sick Leave Pool Days**

Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_

Nature of illness/injury or disability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am applying for the following number of days from the sick leave pool \_\_\_\_\_

- \_\_\_\_\_ Time requested for myself (maximum 60 per school year)
- \_\_\_\_\_ Time requested for other family member (maximum 20 days per school year, these days are included in the 60 day maximum per school year)

Other family member name & relationship to employee: \_\_\_\_\_

\_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

.....

The following is to be completed by a member of the sick leave pool committee:

Disposition, Days approved: \_\_\_\_\_

Application not approved: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Superintendent or designee signature: \_\_\_\_\_