DUNDEE COMMUNITY SCHOOLS

SICK BANK REQUEST FORM

Employee Name (Print): _____

Number of Days in Employee's Current Sick Bank: _____

Number of Days Requested from District Sick Bank: _____

New Total Days in Employee Sick Bank: _____

Reason for Request: _____

_____

_____

Employee Signature: _____

Date: _____

PLEASE SUBMIT THIS FORM FOR APPROVAL TO:

DEA President: _____

Date: _____

DEA Vice President: _____

Date: _____

Superintendent: _____

Date: _____