

EMPLOYEE APPLICATION FOR SICK LEAVE BANK WITHDRAWAL

Name_____

Current Sick Leave Balance_____

Sick Days Used this School Year_____

Sick Days used for Current Illness_____

Total Days Previously Withdrawn from SLB_____

Employee' reason for request (be specific)

Estimate of additional days needed_____

Name of attending physician_____

Telephone_____

Address_____

Signature of Applicant_____

_____ Date

Please submit request to the Superintendent

Sick Leave Bank Committee Use

_____ Request approved for _____ days to be withdrawn from bank

_____ Balance of days owed to bank

_____ Request denied

Signature of SLBC Chairman_____

_____ Date

Treasurer's Office Use

Date days added to Sick Leave Balance_____

_____ Date

_____ Initials