

EMPLOYEE APPLICATION FOR SICK LEAVE BANK WITHDRAWAL

Name _____

Current Sick Leave Balance _____

Sick Days Used this School Year _____

Sick Days used for Current Illness/Injury _____

Total Days Previously Withdrawn from SLB _____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 Superintendent

Sick Leave Bank Committee Use

_____ Request approved for _____ days to be withdrawn from Sick Leave Bank.

_____ Request denied

Signature of SLBC Chairman _____

_____ Date

Treasurer's Office Use

Date days added to Sick Leave Balance _____

Initials _____