

**HUMBOLDT COUNTY SCHOOL DISTRICT  
SICK LEAVE BANK ASSISTANCE APPLICATION  
(Maximum Per Application is 20 Days)**

Please fill out all information requested below:

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

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Position: \_\_\_\_\_

<p>Please describe the reason for the request for donation: _____</p> <p>_____</p> <p>_____</p> <p>How many days are being requested? _____</p> <p>_____</p> <p>Required medical documentation provided? Yes _____ No _____</p> <p>NOTE: It is the applicant's responsibility to provide required physician documentation. No decision, or application of days, can be made until documentation is provided.</p>
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I, the undersigned, agree to have the Humboldt County School District release information verifying the number of sick leave days I have remaining and any records pertaining to my sick leave utilization. I understand this will be on a confidential basis and will only be used by the Sick Leave Bank committee and the Board of Trustees.

I also understand, that if my request is denied by the committee, I may appeal to the Board of Trustees. I understand that the decision of the Board of Trustees is final and agree to abide by their decision in granting or declining my request.

Applicant's Signature: \_\_\_\_\_

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