



Policy 3.9.3FR

SICK LEAVE BANK REQUEST FORM

Effective: 7/1/2020

Please complete and return to the Sick Leave Bank Committee Chairperson

_____ at _____.

Name _____ School where you teach _____

Home Address _____

Home Phone _____ School Phone _____

Have you contributed a day to the Sick Leave Bank system?

Describe the nature of your disability or illness and the circumstances that caused you to make this request. A statement from your physician must also be attached.

Number of Sick Leave Bank days requested: _____

Are you currently being treated by a physician? _____ Name _____

Have you used all of your accumulated sick and personal days? _____

Are you covered by an income protection insurance policy or similar coverage provided by the School District? _____

Comments: _____

Signature

Date

Committee Use Only
Date Considered _____
() Approved () Not Approved
Number of days credited: _____
_____ Committee Chairperson