

Westside Consolidated Schools

Application for Sick Leave Bank Days Governed by Board Policy 3.9

To: Sick Bank Review Committee

From: Name _____

Address _____

Job Location _____ Assignment _____

Please consider this as a formal request to withdraw _____ days from the Westside Consolidated School District Sick Bank.

(Date)

(Signature)

*Please complete the attached checklist concerning your illness and make sure all information is complete.

This is to certify that I have used 20 leave days and authorize the Sick Leave Bank Committee to have access to my records to determine my eligibility.

(Signature)

Please complete all information above with checklist and return to the Sick Bank Review Committee Chairperson (**not Sharon Parks**).

Office Information
To Be Filled Out By Central Business Office

Sick Leave Bank Enrollment Date _____

Number of leave days accumulated at the beginning of this school year _____

Number of leave days earned for present school year _____

Have 20 leave days been used? _____

Date of last paid leave day _____

Committee Recommendation

_____ Approved request for _____ days(s)

_____ Request Denied

(Date)

(Chairperson)

Comments:

CHECKLIST

Turn this checklist in with the proper documentation along with your sick bank application to the sick bank chairperson, Mary Jo Clark (located at the high school).

- 1. Do not turn your request in until you return to work or have a definite date to return.*
- 2. Include a copy of all your blue forms pertaining to your illness/accident.*
- 3. A letter from your doctor stating:*
 - 1) A description of the medical issue.*
 - 2) Must say the employee is unable to work.*
 - 3) A projected date of return to work or a release back to work date.*

Signature and Date