

## SICK LEAVE BANK APPLICATION

I \_\_\_\_\_ am requesting \_\_\_\_\_ days from the Sick Leave Bank to cover the following dates of absence:

\_\_\_\_\_

for the following reason(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that one-half (1/2) of the sick days that have accumulated by the end of the contract year, each year, will be deducted as repayment to the Sick Bank until the total number of days borrowed has been restored to the Bank. If the Sick Bank is currently over three-hundred (300) at the start of leave, these days will not need to be repaid.

\_\_\_\_\_

Date

Printed Name of Member

Signature of Member

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### **FOR OFFICE USE ONLY**

CASE NO. \_\_\_\_\_

The Sick Bank Committee does hereby decline/grant the \_\_\_\_\_ days requested to cover the absence for this applicant.

\_\_\_\_\_

Date

Signature of Committee Co-Chairperson

\_\_\_\_\_

Date

Signature of Superintendent or Designee