

Sick Leave Bank Request Form

To be completed by employee:

Employee name: _____

Position: _____

Date of request: _____

Date on which all paid sick leave, vacation, non-contract and comp time will expire:

Reason for Request:

Number of days requested: _____

By signing this form, I acknowledge, agree to, and accept all provisions and requirements of this policy, including but not limited to, the recovery provisions in paragraph number 8 under "Eligibility."

Employee Signature: _____ Date: _____

To be completed by physician: (The Sick Leave Certification Form(FMLA) Must Also Be Attached. Certification Form Will Be Available on School Streams.)

What is the mental or physical condition of the employee or the employee's immediate family member that requires the employee to be absent?

What is the expected duration of the employee's absence? _____

If the absence is due to a family member's mental or physical condition, please explain why the employee's absence is necessary.

Physician's Signature: _____ Date: _____

(FOR OFFICE USE ONLY)

Request Approved: YES/NO # of Days Awarded: _____ Date of Decision _____
Date Employee Notified _____ Administrator's Initial's _____