



**SICK LEAVE BANK**  
**APPLICATION FOR USE OF SICK LEAVE**

**Applicant Section**

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Social Security Number \_\_\_\_\_ School \_\_\_\_\_

\*Number of days requested \_\_\_\_\_ (Any not used will be returned to sick leave bank)

Sick Leave to be used beginning \_\_\_\_\_ through \_\_\_\_\_  
(Date) (Date)

Yes

No

Did present illness/injury exist prior to membership in the Sick Leave Bank?

Justification for request: (Please attach required doctor's statement to this form.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\*Limitation of 10 days for illness/injury existing before membership in sick leave bank and 20 days for all other illnesses or injuries. No retroactive days will be granted.

**For Central Office Use Only**

Date of Receipt by Finance/Payroll Office \_\_\_\_\_

Yes No

Applicant has used all available sick leave/ If no, how many days remaining? \_\_\_\_\_

Applicant has used all available personal leave/If no, how many days remaining? \_\_\_\_\_

Second medical opinion requested

Second medical opinion received

Date applicant was hired \_\_\_\_\_ Date applicant joined sick leave bank \_\_\_\_\_

Number of days left in sick leave bank \_\_\_\_\_

Number of employees belonging to sick leave bank \_\_\_\_\_

\_\_\_\_\_  
Signature of Payroll Technician

\_\_\_\_\_  
Date

**Sick Leave Bank Trustees' Action**

Date of Board of Trustees Action \_\_\_\_\_

Request Granted  Number of Sick Days Approved \_\_\_\_\_

Request Denied  Reason for denial \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Chairman of Board of Trustees Signature

NAME: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_