

REQUEST FOR SICK LEAVE BANK DAYS

Name:	Position:
Each School Year the District will first advance five (5) days to be repaid as Sick Leave is accrued.	
Nature of catastrophic illness or accident: (Unavoidable/Sudden Violent Change/Great Calamity/Tragedy)	
Relationship of person to employee: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Other	
Number of Sick Leave Bank Days requested: <input style="width: 50px;" type="text"/>	Start Date
Reason accrued sick leave days are exhausted from past three years?	
<p>I verify the above information to be correct and I have forwarded any and all documentation related to this request to the Superintendent. I understand the decision of the Sick Leave Bank Committee is final.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature</p> </div> <div style="width: 35%;"> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p> </div> </div>	
The Sick Leave Bank reserves the right to approve fewer days than are requested. The employee may re-apply and be re-evaluated.	
Decision of Sick Leave Bank Committee: <input style="width: 50px;" type="text"/> days granted through payroll date <input style="width: 50px;" type="text"/>	
Decision of Sick Leave Bank Committee:	
<p style="text-align: center;">_____</p> <p style="text-align: center;">Committee Chair</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">Superintendent</p>
<p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>