



Application for Sick Leave Bank Days

- 1st 30 Days Request
- 2nd 30 Days Request
- 3rd 30 Days Request

Employee Name:	Employee ID:
Home Address:	
School:	Position:
Expected number of sick leave days needed:	
Reason for request:	
A current physician's statement on letterhead and any other supporting documentation must be attached. A new application must be completed with every request.	
Employee signature:	Date:

For Board Use Only:	
() Approved _____ # of days.	
() Rejected	
Sick Bank Board Chairman:	Date: