3.9WFF—SICK LEAVE BANK REQUEST FORM

PLEASE COMPLETE AND RETURN TO A SICK LEAVE BANK COMMITTEE MEMBER (BEFORE YOU ARE ABSENT AND THE PAYROLL DEDUCTION IS MADE).

Name _____ Home Phone _____

Home Address_____
Street City Zip

School building where you teach _____ School phone _____

Have you contributed time to the sick leave bank system? _____

Briefly describe the nature of your disability or illness and the circumstances that caused you to make this request.

_____

_____

Number of sick leave days requested: _____

Beginning date _____ Ending date _____

Are you currently being treated by a physician? _____
Have you used all of your accumulated sick leave? _____
How many days have you been absent this year due to illness or disability? _____

_____
Signature

_____
Date

_____

COMMITTEE USE ONLY

Date considered: _____ [ ] Approved [ ] Not Approved

Number of days credited: _____

_____
Committee Chairperson

Date Adopted: March 8, 2004
Last Revised: May 11, 2009

3.9.1WFF - SICK LEAVE BANK USE FORM

Applicant _____ Date _____

Address _____ Home phone _____

School Building _____ School phone _____

The committee that governs the use of the Sick Leave Pool has reviewed your application for additional sick leave days.

The committee has authorized that _____ days be credited to you from the Sick Leave Pool. The dates granted to you have been:

_____

This form has been sent to the Central Administration Office to notify them of the days granted.

_____
Chairperson of Committee

_____
Secretary of Committee

_____
Date Approved by Committee

The recipient must re-contribute one (1) day prior to September 15 to be eligible to make additional withdrawals.

Three copies are to be made of each application. They are to be sent to the applicant, Central Administration Office, and one to the Sick Leave Bank Committee.

Date Adopted: March 8, 2004
Last Revised: May 11, 2009

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