8.6.1WFF—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: June 12, 2024
Last Revised:

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