8.6WFF—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: June 12, 2024
Last Revised:

Revision #1
Created 2026-03-03 01:26:58 UTC by Cory Robbins
Updated 2026-03-03 01:26:58 UTC by Cory Robbins