

APPENDIX C

SICK LEAVE BANK REQUEST FORM

Employee Name: _____

Date: _____

Number of Days Requested: _____

Total Number of Bank Days Used to Date _____

Guidelines:

- _____ Written application submitted by employee.
- _____ Physicians statement stating nature, length of disability, prognosis.
- _____ FMLA form 4358 submitted if applicable.
- _____ Employee is qualified member of sick bank.
- _____ Use is for personal illness only.
- _____ All employee sick/personal leave days must be used before approval, or granted retroactively.
- _____ Majority vote of committee members constitutes decision.
- _____ Maximum number of days granted shall not exceed 20 working days per school year.
- _____ At least 75 days shall be left in the sick bank.
- _____ Part-time teachers who donate to the bank shall receive prorated benefits.
- _____ Days must be paid back at rate of 3 per year.

_____ Request granted for _____ days.

_____ Sick Days will be retroactive after exhaustion of _____ sick days accumulated by employee.

_____ Request denied.

President of Association Signature

Superintendent Signature

Committee Member Signature

Board Member Signature

Committee Member Signature