

CLASSIFIED SICK LEAVE BANK

APPLICATION

DATE _____

NAME _____

ADDRESS _____ HOME PHONE _____

SCHOOL _____ SCHOOL PHONE _____

YEARS IN DISTRICT _____

Have you used fifteen (15) consecutive days for this illness prior to the days requested from the Sick Bank? Yes _____ No _____

Accumulated Sick Leave as of last check? _____ Date of Check? _____

Number of Days Requested? _____

Dates of Days Requested? _____ to _____
Month Day Year Month Day Year

Emergency Illness? Yes _____ No _____

Job Related Illness? Yes _____ No _____

(Circle One) First/Second Application of this illness.

Doctor's Name _____ Hospital _____

This application must be accompanied by the doctor's detailed statement specifying the nature of the illness, the date, and extensiveness of his services to the employee, and the date of release for his or her return to working duties. At the discretion of the Sick Leave Bank Board, an additional doctor's statement obtained from a doctor chosen from a list of doctors supplied by the Sick Leave Bank Board may be required. Initial application for benefits may begin on the first duty day of the school year.

Applicant's Signature