

SICK LEAVE BANK REQUEST FORM

Name: _____

School/Location: _____ Position: _____

Date of request: _____ Inclusive dates of request: from _____ to _____

Total number of days to be absent: _____

Total number of sick leave bank days requested: _____

- Is this an elective surgery? Yes No

- Is this a workers' compensation injury? Yes No

- I have exhausted all accumulated sick leave and annual leave. Yes No

- I have been or will be absent for at least 20 days. Yes No

Describe the catastrophic illness or accident: _____

Please note: The attached physician's confirmation of sick leave form must accompany this form.

Bank credits will begin no earlier than the 21st day of absence.

A maximum of 70 days may be requested; however, the total amount of days cannot exceed 90 days. All accrued sick leave must be exhausted prior to payment of sick leave bank credits.

<p style="text-align: center;">HUMAN RESOURCES OFFICE ONLY</p> <p>Total accrued sick leave paid: _____</p> <p>Total sick leave bank days paid: _____</p> <p>Date returned to work: _____</p>
