

Perryton ISD
Emergency Leave Bank Request Form

Employee Name: _____

Employee Address: _____

Employee Phone: _____

Job Title: _____ Campus: _____

I am requesting _____ total days from the Emergency Leave Bank.

Days Requested: _____

In your own words, describe the reason or reasons you are requesting this leave:

If the reason is medical, a physician's statement MUST be attached to request.

Employee Signature: _____ Date: _____

FOR OFFICE USE ONLY

Payroll Approval: _____ # Days: _____

FOR ELB COMMITTEE USE ONLY

Approved or Denied Date: _____ # Days Approved: _____

Committee Chairman/Designee Signature: _____