

Westside Consolidated Schools
Application for Sick Leave Bank Days Governed by Board Policy 3.9

To: Sick Bank Review Committee

From: Name _____

Address _____

Job Location _____ Assignment _____

Please consider this as a formal request to withdraw _____ days from the Westside Consolidated District Sick Bank.

(Date) (Signature)

*Please attach a statement concerning your illness from the attending physician.

This is to certify that I have used all of my leave days and authorize the Sick Leave Bank Committee to have access to my records to determine my eligibility.

(Signature)
Please complete all information above with attachment* and return to the Sick Bank Review Committee Chairperson.

Office Information
To Be Filled Out By Central Business Office

Sick Leave Bank Enrollment Date _____

Number of leave days accumulated at beginning of this school year _____

Number of leave days earned for present school year _____

Have all leave days been used? _____

Date of last paid leave day _____

Committee Recommendation

_____ Approved request for _____ day(s) _____ Request Denied

Date _____

Chairperson/Signature

Comments:

