

**CONFIDENTIAL**

**RENWICK USD 267 TEACHER SICK LEAVE BANK  
REQUEST FORM**

**Employee Name** \_\_\_\_\_  
**Last** **First**

**Social Security No.** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home Telephone** \_\_\_\_\_ **Work Telephone** \_\_\_\_\_

**Building** \_\_\_\_\_ **Position** \_\_\_\_\_

**Number of Days Requested** \_\_\_\_\_ **Date Sick Leave was Exhausted** \_\_\_\_\_

**The circumstances that make this request necessary are** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand I meet the guidelines established for the Sick Leave Bank.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Employee Signature**

**Return this form to the committee representative in your building. Notification of committee decision will be made to the participant within ten (10) days of any monthly or special meeting.**