

EUFAULA PUBLIC SCHOOLS
Application for Use of Sick Leave Bank

Last Name: First Name: Middle Name:

Home Telephone Number: School Telephone Number

Reason for Request:

Date incapacity will begin/began:

Date Employee's Last Sick Leave Day Will Be Used:

Date:

Employee's Signature

Return this application and authorization to obtain the Physician's Statement to:
Eufaula Public Schools
Sick Leave Bank Committee
215 North 6th Street
Eufaula, Oklahoma 74432-0609

***** Please Do Not Write Below This Line *****

SICK LEAVE BANK COMMITTEE ACTION

Approved **Disapproved**

Signature of Sick Leave Committee Chairperson

BOARD OF EDUCATION ACTION

Approved **Disapproved**

Motion Made By Second By

Signature of Board President Date