

Request to Utilize District
Sick Leave Bank

Name _____

Eligibility Check List

Have you exhausted all accrued sick, vacation, compensatory, and flex time leave?

Yes No

If yes, please continue.

Do you believe you meet the criteria for approval as stated in board policy DEC (Local)?

Yes No

If yes, please continue.

How many days are you requesting to be awarded? (There are limits stated in the policy) _____

Briefly provide sufficient information regarding the illness or condition you believe qualifies for utilization of the Sick Leave Bank. Please attach a written statement from a licensed practitioner who is treating you or the qualifying member of your family.

Forward this form and supporting documentation to the Superintendent. A sick leave committee will be formed and a decision made within 15 days regarding your request. Please see local board policy for detailed information on the use of the Sick Leave Bank.

Employee

Date

Superintendent

Date