



## Classified Sick Leave Bank Application for Withdrawal

This form is to apply for days from the Classified Sick Leave Bank. The maximum number of days that any one participant can withdraw from the bank per request is 10 days. Your work day is based on your scheduled daily hours. If additional days are needed you will need to reapply on a separate application. Days may only be approved during the current payroll period in which the days have been used.

Please complete this form as soon as possible to avoid any Payroll salary deduction.

The Classified Sick Leave Bank governing committee will review this request. The committee consists of persons as stated in policy.

Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby request \_\_\_\_\_ days from the Classified Sick Leave Bank. By making this application, I confirm that I have contributed one day of my sick leave to the bank this school year during my Benefits Enrollment Period.

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Building: \_\_\_\_\_ Position: \_\_\_\_\_

In paragraph form, provide a brief explanation, for the use of days requested from the Classified Sick Leave Bank. Attach a copy of a doctor's statement. The Classified Sick Leave Bank committee retains the right to request further information.

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**Maximums have been set as follows:**  
20 Annual Leave Days maximum for accident/injury  
20 Annual Leave Days maximum for illness  
40 Annual Leave Days maximum for terminal illness  
(Applicants may re-apply for terminal illness)

Return this application as soon as possible to **Courtnie Louia** in the Business Office.

**For Payroll Use Only:**

Has this employee donated one day for the Sick Leave Bank? \_\_\_\_\_

Has the employee exhausted all Sick and Annual Leave Days? \_\_\_\_\_

Has the employee used any Sick Leave Bank this year? \_\_\_\_\_

If so, how many days / hours has been used? \_\_\_\_\_

How many hours per day does this employee work? \_\_\_\_\_

How many days / hours is the employee eligible to receive? \_\_\_\_\_

Sick Leave Bank Committee Decision:

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Rationale given by the Sick Leave Bank committee:

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