

Sick Leave Bank Membership Form 2018-2019 USD 261/ Haysville Education Association. All applications should be sent to Jennifer Alexander, Haysville West Middle School

Name _____ Building _____
 First MI Last

Outcome of the application will be sent via email:

_____ (your email address – please print neatly)

By making this application, I confirm that I am an active participant in the Sick Leave Bank according to the guidelines in Article VIII, Paragraph 5 of the Haysville USD 261 Negotiated Agreement, and that my individual Sick Leave has been exhausted./ I acknowledge that applying to the SLB does not automatically mean days will be granted.

_____ Signature of applicant Date

Denial of an application for days from the Sick Leave Bank (SLB) may be appealed by submitting a letter to the chairperson of the SLB.

Please provide a brief explanation for the use of the day(s) requesting from the Sick Leave Bank. Please attach a copy of a doctor’s statement relating to these days, if applicable.

Number of Days Requested _____

Sick Leave Bank committee retains the right to request further information