

**Sick Leave Bank Application 2019-2020**  
**USD 261 Certified Staff**  
Send all applications to Jennifer Alexander at HWMS

Name \_\_\_\_\_ Building \_\_\_\_\_

First                      M.                      Last

Outcome of the application will be sent via email to: \_\_\_\_\_

(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 my individual Sick Leave has been exhausted. I also acknowledge that applying to the SLB does not automatically mean days will be granted.

\_\_\_\_\_ Date \_\_\_\_\_  
Applicant signature

**Number of days requested** \_\_\_\_\_

Please provide a brief explanation for the use of the day(s) requested from the SLB. Please attach a copy of a doctor's statement relating to these days if applicable. Note days cannot be requested in advance of an anticipated absence. Days can only be requested after the absence has occurred. Additionally, the Sick Leave Bank Committee retains the right to request further information.

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

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.