

Sick Leave Bank Membership Form 2013-2014 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.