



## Sick Leave Bank Request for Days

**Physician's statement must accompany this form. Return both to Central Services**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

School/Department: \_\_\_\_\_ Years with CCBOE: \_\_\_\_\_

Check Employee Type:  Certified  Non-Certified

Phone: \_\_\_\_\_ Do you have any disability insurance? Yes No

Circle one

If yes, what is the current status of your application for benefits? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date accumulated leave was, or will be, exhausted

\_\_\_\_\_ Number of days requested from Bank (20 day maximum per request)

Reason for request: (use the back of this form, if necessary)

\_\_\_\_\_

\_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

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Action taken by the Trustee Committee:  approved  denied

Effective from: \_\_\_\_\_ to \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Director of Schools

\_\_\_\_\_

Date