

Franklin County Schools

Sick Leave Bank Request Form

Application for Additional Sick Leave Days

Name _____
Last *First* *Middle*

Address _____ School _____

City _____ State _____ Zip Code _____ Phone _____

I have been granted _____ days from the Sick Leave Bank this school year.

I am requesting _____ additional days.

A physician’s statement verifying the nature of the illness or injury, and the inability of the employee to work and an anticipated date of return to work, must accompany this *Sick Leave Request Form*. A request for sick leave bank days will not be considered unless the physician’s statement is attached.

The Trustees shall act on your request (affirmatively or negatively) as soon as possible after this application is received in the Director of Human Resources’ office. The decision of the Trustees shall be final. You shall receive notification of the granting of the grant of days or the denial of the requested grant of days. Grants may be retroactive upon final approval to the date of need as determined by the Trustees. All records of the Sick Leave Bank shall be kept at the Central Office.

Signature of Applicant

Date

Minutes

Date: _____

Time: _____

Trustees Present	Approved	Not Approved
1.		
2.		
3.		
4.		
5.		