



Sick Bank Committee Request Form

Employee Name: _____ Location/School: _____

Phone Number(s): _____

Required Information:

Total number of days employee currently possesses: _____

Number of days seeking approval to be donated: _____

Estimated date of leave: _____ Estimated date of return: _____

Reason for Request:

(Catastrophic Illness: Any pregnancy or medical condition related to childbirth, illness, or injury certified by a licensed physician which causes the employee to be absent from work for an extended period of time.)

Employee Signature: _____ Date: _____

Sick Bank Committee Chairman: _____ Date Approved: _____

Notes from Committee Chairman:

Please note: No request without appropriate medical documentation will be considered. Submit form to Payroll Coordinator, ECBOE

Revised