

**Teacher Request For Days  
from the Sick-Leave Bank**

Physician's statement must accompany this form. Return both to the Central Office.

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

School/Department: \_\_\_\_\_ Years of employment: \_\_\_\_\_

Phone Number: at Home: \_\_\_\_\_ at work: \_\_\_\_\_

Do you have any disability insurance? \_\_\_\_ yes \_\_\_\_ no

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

**Action taken by the Trustee Committee** • \_\_\_\_ approved \_\_\_\_ denied

• Number of days approved \_\_\_\_\_

• Effective from \_\_\_\_\_ to \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_ Director of Schools  
(signature)

\_\_\_\_\_ Date