

Coffee County Board of Education
Sick Leave Bank Request Form

*Fill out this form completely and return to the Central Office.
If you will be absent more than 10 days you must see Human Resources to
complete a Leave of Absence/FMLA request along with this form.*

Name _____
Last First Middle

Social Security Number _____ Date of Birth _____

Address _____
Street City/State Zip

Home Phone _____ Cell Phone _____

School _____ Number of days desired from sick leave bank _____

Date desired leave begins _____ Date desired leave ends _____

Attending Physician _____

Address & Phone _____

Reason for sick leave bank request _____

Signature _____ Date _____

Approval to be completed by Sick Leave Bank committee

Request Approved Yes _____ No _____ Number of Days Approved _____

Effective Sick Leave Date from _____ to _____

Comments _____

Signature of Chairperson _____ Date _____