

**SICK LEAVE BANK APPLICATION FORM
WEST BONNER COUNTY SCHOOL DISTRICT #83**

Name: _____ Date: _____

I am an eligible employee and wish to make application for _____ days of sick leave from the Sick Leave Bank for the following reasons (use back side of form if additional space is needed):

Please note: You are only allowed to request up to 25 days per year per policy 5401; and this application process does not guarantee that you will get days requested.

I have fulfilled the required guidelines as marked below:

- ____ Exhausted all accumulated sick leave.
____ "Leave Without Pay" for two days (list dates): _____
____ Attached the required doctor's note/diagnosis per policy 5401.

Employee Signature (or designee): _____

RETURN THIS FORM TO THE DISTRICT OFFICE

OFFICE USE ONLY

The above individual has met the required guidelines:

Yes No Signature: _____

SICK LEAVE BANK COMMITTEE RECOMMENDATION:

The sick leave bank met on _____.

Your request for _____ days was APPROVED DENIED (circle one)

If approved: From _____ To _____

Reason for Denial: _____

Signature of Chairman

Date

Cc: Employee