

Employee Request for Sick Leave Emergency Bank

Name _____

Address _____

1. Have you used all your current and accumulated sick leave? Yes or No
2. Do you have other sources of disability payments (ex. workers compensation)?

3. Did you have a minimum of eighty (80) hours after all sick leave has been exhausted, during which time the teacher was absent from work receiving no pay or other benefits?

4. Are you unable to perform duties due to disability resulting from accident or illness or must be absent to care for a spouse or child who is seriously ill as a result of accident or illness and no other means of caring for spouse or child are available? _____

Sick Leave requested: _____ days _____ hours

Reason for request: _____

Employee Signature Date

Sick Leave Emergency Bank Administration Board approved: Yes or No

Approved for: _____ hours available in the bank

Date approved for use of emergency bank: _____

Signature President of the BEA: _____

Signature School Board Chairperson: _____

Signature Superintendent: _____