

APPLICATION FOR SICK LEAVE BANK

I HEREBY MAKE APPLICATION FOR _____ DAYS OF LEAVE FROM THE SICK LEAVE BANK.

(BE SURE TO ATTACH A COPY OF A PHYSICIAN'S STATEMENT VERIFYING YOUR PERSONAL ILLNESS.)

EMPLOYEE'S SIGNATURE

ACTION ON REQUEST:

THE ABOVE REQUEST IS: ACCEPTED REJECTED.

SUPERVISOR'S SIGNATURE

TO EMPLOYEE:

COMPLETE AND SUBMIT TO YOUR SUPERVISOR.

TO SUPERVISOR:

SEND A COMPLETED COPY TO THE SUPERINTENDENT'S OFFICE.

RETURN A COPY TO THE EMPLOYEE.