

CLASSIFIED SICK LEAVE BANK ALLOTMENT APPLICATION

Applicant must be a classified employee and a member of the Sick Leave Bank to request an allotment of sick leave days.

PART A (To be completed by the applicant.)

Name _____

Building Assignment _____

Date _____

Number of sick leave days requested _____

Reason(s) for request: (Attach documentation, i.e. doctor's statement[s] or death notice.)

PART B (To be completed by the Treasurer)

I certify that the above named applicant has zero (0) accumulated or Board-advanced sick leave days as of the date of this application.

Treasurer's Signature _____ Date _____

PART C (To be completed by Sick Leave Bank Committee)

Allotment request _____Approved _____Disapproved

Number of sick leave days approved for the above allotment request _____

SLBC Chairperson's Signature _____ Date _____