Sick Leave Bank
Membership Form 2011-2012
USD 261/ Haysville Education Association
All applications should be set to: Ken Athy, Haysville Middle School

Name _____ Building _____
First MI Last

Outcome of the application will be sent via Email:

_____
(your email address-please print neatly)

By making this application, I confirm that I am an active participate in the sick leave bank according to the guidelines in Article VIII, Paragraph 5 of the Haysville USD 261 Negotiated Agreement, and that my individual sick leave has been exhausted. I acknowledge that applying to the SLB does not automatically mean days will be granted.

_____ _____
Signature of applicant date

Denial of an application for days from the Sick Leave Bank (SLB) may be appealed by submitting a letter to the chairperson of the SLB.

Please provide a brief explanation for the use of the day(s) requested from the Sick Leave Bank. Please attach a copy of a doctor's statement relating to these days, if applicable.

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Number of Days Requested _____

Sick Leave Bank committee retains the right to request further information.