

**Sick Leave Bank
Application for Withdrawal**

This form is to apply for days from the Sick Leave Bank. The maximum number of days that any one participant can draw from the bank per request is 10 days. If additional days are needed you will need to reapply.

Please complete this form as soon as possible to avoid any Payroll salary dock.

The Sick Leave Bank governing committee will review this request. The committee consists of persons as stated in policy.

Date: _____

I, _____, hereby request _____ days from the Sick Leave Bank. By making this application, I confirm that I have contributed one day of my sick leave to the bank this year by September 1, 2020.

Signature _____ Phone: _____

Building: _____ Position: _____

<p>Maximums have been set as follows: 20 Annual Leave Days maximum for accident/injury 20 Annual Leave Days maximum for illness 40 Annual Leave Days maximum for terminal illness (Applicants may re-apply for terminal illness.)</p>
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In paragraph form, provide a brief explanation, for the use of days requested from the Sick Leave Bank. Attach a copy of a doctor's statement. The Sick Leave Bank committee retains the right to request further information.

Return this application as soon as possible to Luetta Yoder in the Personnel Office.

Approved: _____ Denied: _____

Date: _____ Date: _____

Rationale given by the Sick Leave Bank committee: