

**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, 2010 or I was in the sick leave bank last year and used no days, and that my individual sick leave has been exhausted.

Signature \_\_\_\_\_ Address: \_\_\_\_\_

Building: \_\_\_\_\_ Position: \_\_\_\_\_

**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)

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 Rhonda Kilmer in the Payroll Office.

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Rationale given by the Sick Leave Bank committee: