File: GCBD-R2-F2**/**

GDBD-R2-F2

SICK LEAVE BANK APPLICATION FORM

Application must be submitted no later than ten (10) working days after all accrued sick leave has been exhausted.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME: |  |  | DATE: |  |

|  |
| --- |
| I am an eligible employee and wish to make application for \_\_\_\_\_\_\_\_\_ days of sick leave from the Sick Leave Bank for the following reasons (use back side if additional space is needed). |
|  |
|  |
|  |

I have fulfilled the required guidelines as marked below:

|  |  |
| --- | --- |
|  | Doctor’s certification or FMLA paperwork has been submitted |
|  |  |
|  | All accumulated leave was exhausted on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
|  | Other |  |
|  |
| EMPLOYEE SIGNATURE:  |  |
|  |
| **Submit This Form to the Business Office** |

**………………………………………………………………………………………………**

***OFFICE USE ONLY:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The above individual has met the required guidelines |  | YES |  |  | NO |
|  |  |

**SUPERINTENDENT’S RECOMMENDATION:**

|  |  |
| --- | --- |
|  |  |
| Request for  |  | days were |  | Approved  |  |  | Denied. |
|  |  |
|  |  | ( | to | ) |  |
|  |  |
| Reason for denial: |  |
|  |  |
|  |  |
|  |  |
| SUPERINTENDENT’S (DESIGNEE’S) SIGNATURE: |  |  |
|  |  |
| DATE: |  |  |

cc: Employee

 Personnel File

 Business Manager

09/16