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| **Santa Fe Trail School District**  **USD 434** | Employee Name: |

Sick Leave Bank Request

*Instructions:* Complete Section I and attach a physician’s statement confirming the illness/injury. Submit original request to the Sick Leave Bank Committee and send a copy to the building principal. A physician’s statement *must* accompany the original request. Refer to Article 23 Sections I and J of the Negotiated Agreement for the Sick Leave Bank Guidelines.

**Section I** *(To be completed by certified employee)*

Name: Date:

Home Address:

Home Phone: Cell Phone:

Nature of Illness:

Number of Days Requested: First Day of Absence:

Have you used the Sick Leave Bank during the *current* fiscal year prior to this illness? Yes No

Employee Signature Date

**Section II** *(To be completed by Sick Leave Bank Committee)*

Date Received:

Request Approved:

Number of Days Approved: Effective Date(s):

Request Denied:

Reason for Denial:

Committee Chair Signature Date