

**JOINT SCHOOL DISTRICT NO. 151
APPLICATION FOR SICK LEAVE DAYS FROM THE SICK LEAVE BANK**

To: The Sick Leave Bank Committee

Name _____ School _____

Home Address _____ Phone _____

Estimated Number of Days Needed _____

Nature of Illness _____

If surgery is needed, can it be scheduled in conjunction with Christmas Break, Spring Break or Summer Break? Y N N/A Additional Comments: _____

I give the Sick Leave Bank Committee permission to contact my doctor regarding the estimated time of my convalescence.

Doctor's Name _____ Phone _____

I understand: (1) It is my responsibility to furnish proof of illness, REQUIRED.
(2) I will be DEDUCTED for the required number of days prior to receiving days/hours from the bank. (3) All days requested but not used will be returned to the bank.

Applicant Signature _____ Date _____

Approved Not Approved

Committee Member Signature _____ Date _____

Approved Not Approved

Committee Member Signature _____ Date _____

Approved Not Approved

Committee Member Signature _____ Date _____

Approved Not Approved

Committee Member Signature _____ Date _____