

CASSIA COUNTY JT. SCHOOL DISTRICT NO. 151

CLASSIFIED SICK LEAVE BANK

APPLICATION FOR SICK LEAVE DAYS

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

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

Doctor's Name _____ Phone _____

I understand that it is my responsibility to furnish proof of illness required. I further understand that all days requested and not used will be returned to the bank.

Applicant Signature _____ Date _____

Committee Member Signature _____ Date _____ Approved Not Approved

Committee Member Signature _____ Date _____ Approved Not Approved

Committee Member Signature _____ Date _____ Approved Not Approved

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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