

SICK LEAVE BANK APPLICATION FOR LEAVE

I _____, have need to extend my sick leave by
(please print your name)

_____ days. I have used all of my accumulated sick leave and personal leave. I have enclosed, as part of this application, a letter from attending physician stating medical condition and perceived amount of time required for treatment/recovery. Also, enclosed is the Principal/Supervisor Checklist (GCBD-E5). My record of sick leave use is available from Central Office. I understand this information may be used as a factor in your consideration of extending my sick leave.

My contact information : _____(home address) and telephone number _____.

X _____ Date: _____
(signature of member)

On _____, 20____, I submitted this Sick Leave Bank Application for extended sick leave to the Central Office who will forward to the Chairman of the Sick Leave Bank Committee.

X _____
(signature of member)

Received by _____ at Central Office on_____.