

Confidential – Sick Leave Bank for Application & Checklist

Applicant	Date Application Received at CO	Date Committee Members Received Application
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_____ Completed Application (provided by applicant).

_____ Letter from attending physician stating medical condition & perceived amount of time required for treatment/ recovery (provided by applicant).

_____ Completed Principal/Supervisor Checklist (G CBD-E5) from immediate supervisor to indicate request awareness, membership status (applicant must be a member of the Sick Leave Bank), and policy review for application to the Sick Leave Bank.

Notes:

_____ Date that personal and sick leave will be exhausted by applicant: _____
(Provided by Central Office)

_____ Number of sick leave days used by employee this year: _____
(Provided by Central Office)

_____ Is this an _____ initial or _____ additional request from the Sick Leave Bank?
(Determined by the Sick Leave Bank Committee)

_____ If it is an additional request from the Sick Leave Bank, how many days have already been awarded this contract year? _____ (Determined by the Sick Leave Bank Committee)

Notes:

Additional Comments:

FOR COMMITTEE USE:

Date of Committee Action: _____

Decision **Approved:** _____
 ***Denied:** _____

Date of Notification to Applicant: _____

Date of Notification to Central Office Payroll Clerk: _____

***(if denied, a written statement must be attached)**
Adopted 6/17/2013