

SICK LEAVE BANK – APPLICATION FOR LEAVE
PRINCIPAL/SUPERVISOR CHECKLIST

This checklist is to be completed by the certified employee’s immediate supervisor and then turned in along with the Sick Leave Bank Application for Leave (G CBD-E2) and any accompanying paperwork to Central Office.

_____ I have confirmed that this employee, _____ is a current member of the Sick Leave Bank.

_____ We have reviewed the Sick Leave Bank Committee policy, G CBD-R and the employee understands what documentation needs to be provided and the criteria that must be met prior to submitting the paperwork to Central Office.

_____ The employee has a recommendation from his/her attending physician, which I have seen and included.

_____ The employee has completed the request form, which I have seen and included.

_____ Any comments that I would like to make in regard to this request are included with this request (please attach or list below).

Signature of Supervisor

Date