



Sick Bank Request Form

YOUR INFORMATION

First Name _____

Last Name _____

District Work

Location _____

Phone _____

Email _____

Certified or Classified

REQUEST INFORMATION

What is the reason for the request?

Absence Details

Date Absence Would Begin

Number of Days Requested

Return to Work Date

Please attach letter from the attending physician stating dates excused and date you will be released to return to work (in the case of unusual circumstances, the physician's letter should state complications that may affect the size of the grant

COMMITTEE NOTES

Notes:

Days Granted	
Starting Date	
Ending Date	
Approved	Yes / No
Date	

BOARD REPRESENTATIVES SIGNATURE