RUTHERFORD COUNTY BOARD OF EDUCATION

CERTIFIED SICK LEAVE BANK REQUEST FORM

NAME: _____ SS #: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY/STATE ZIP

SCHOOL OR DEPARTMENT: _____
HOME PHONE: _____ SCHOOL PHONE: _____
SCHOOL E-MAIL: _____
PERSONAL E-MAIL: _____

DATE ACCUMULATED LEAVE EXPIRED: _____
NUMBER OF DAYS REQUESTED FROM BANK (20 DAY MAXIMUM): _____
EXACT DATES OF LEAVE REQUEST FROM BANK: FROM _____TO _____
PHYSICIAN'S STATEMENT ATTACHED? _____ YES _____ NO
REASON FOR REQUEST: (Please give as much specific information as possible. You may attach additional information/documentation to this request):
_____
_____
_____

_____ _____
EMPLOYEE SIGNATURE DATE

TRUSTEE USE ONLY

APPROVED: _____ YES _____ NO

EFFECTIVE DATES: FROM _____ TO _____

COMMENTS:
_____
_____
_____

_____

SIGNATURE OF CHAIRPERSON DATE

COPY TO APPLICANT: _____
DATE