

GREENE COUNTY BOARD OF EDUCATION
Sick Leave Bank Request Form
(Revised April 2019)

Name: _____
(First) (Middle) (Last)

Address: _____
(Street)

(City) (State) (Zip)

School/Department: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Number of Days Requested: _____
(20 Days - Maximum)

Reason(s): _____

Date Sick Leave Expired: _____

(Signature of Employee)

(Date)

(To be completed by Committee of Trustees)

APPROVAL

Request Approved: Yes _____ No _____
(Chairperson) (Date)

Number of Days Approved: _____

Beginning Date: _____ Ending Date: _____

Additional Terms and Comments:
