



**HIGHLAND PARK INDEPENDENT SCHOOL DISTRICT**

7015 Westchester Drive • Dallas, Texas 75205 • (214) 780-3000

**EMPLOYEE SICK LEAVE BANK**

**REQUEST FOR SICK LEAVE BANK DAYS**

*General Information*

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Position: \_\_\_\_\_ Campus/Work Location: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

*Request for Sick Leave Bank (SLB) Days*

Number of days requested from SLB and Dates Requested: \_\_\_\_\_

Reason for request (*Fully describe personal injury or illness or qualifying family member's terminal illness for which leave days are requested.*) \_\_\_\_\_  
\_\_\_\_\_

First date absent for this condition: \_\_\_\_\_ Total number of days absent for this condition: \_\_\_\_\_

Date state and local leave exhausted: \_\_\_\_\_

Did this absence result from a condition that you were aware of on the date you joined the SLB? Yes  No

Have you received any other SLB days this school year? Yes  No  If yes, state number of days, dates received and condition for which you received a grant of SLB days: \_\_\_\_\_

Did this absence result from an injury or illness sustained during the course and scope of your employment with HPISD? Yes  No  If yes, state the date of the incident: \_\_\_\_\_

Are you receiving any workers' compensation benefits for this injury or illness? Yes  No  If yes describe, the benefits you are receiving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Employee Certification*

*I certify that the foregoing information is correct. I understand that the falsification of any information submitted to the SLB Committee or my failure or refusal to promptly provide any information requested by the SLB Committee may delay benefits provided to me or disqualify me for benefits and result in the revocation of my membership in the HPISD SLB.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

**SUBMIT COMPLETED REQUEST FORM TO THE PERSONNEL OFFICE**