GREENE COUNTY BOARD OF EDUCATION
Sick Leave Bank Request Form
(Revised October 2011)

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:

_____

Original to Greene County School file; Copy to Employee