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)
PHYSICIAN'S STATEMENT ATTACHED: _____ YES _____ NO
COMMENTS: _____

_____

_____

_____
SIGNATURE DATE

TRUSTEE USE ONLY

APPROVED: _____ YES _____NO
EFFECTIVE DATE: FROM_____ TO _____
COMMENTS:
_____
_____
_____

_____
SIGNATURE OF CHAIRPERSON DATE

COPY TO APPLICANT: _____
DATE