

Sick Leave Bank

TO: Employees requesting days from the Sick Leave Bank

FROM: District Sick Leave Bank Committee

Your request for days from the Sick Leave Bank has been received. Prior to taking action concerning your request, you are asked to provide the following information for the committee:

Name _____ Work location _____

Assignment _____ Principal/supervisor _____

Number of years in Trinidad School District #1: _____ Number of days requested _____

Reason for requesting days from the Sick Leave Bank _____

Doctor's name _____

Doctor's address _____

Doctor's phone number _____

Please provide the committee with a statement from your doctor if you have not already done so.

Return as soon as possible to the office of personnel services.

Signature

Date

Issued: August 1985
Revised: March 1995
Revised: December, 2005