



**SICK LEAVE BANK
APPLICATION**

TO: BILL CARR, ASSISTANT SUPERINTENDENT

I certify that I have read and understand the requirements and provisions of the Donated Sick Leave Policy and that I am eligible to receive donated sick leave. **Documentation from my physician is attached.**

I have exhausted all my leave and I am requesting that donated sick leave be transferred to my account. I am requesting _____ days of Donated Sick Leave.

Thank you for your consideration in this matter.

Employee's Signature

Date

Assistant Superintendent Signature

Date