

Request for Sick Leave Bank

Name: _____

Position: _____

School or Worksite: _____

Number of days requesting: _____

Reason for leave request: _____

Name of Family member: _____

Relationship of Family Member to you: _____

Describe care you will provide/receive: _____

Have you exhausted all available leave (sick leave, extended sick leave, personal leave and vacation leave) _____

Have you borrowed from sick leave bank before: _____

If so, when _____

Will this condition cause or likely cause you to take leave without pay or terminate employment?

Were you or your "immediate family" member hospitalized or provided professional home base care for this "severe" or "extraordinary" illness?

Doctors note provided