

Sick Leave Bank

Application for Withdrawal

USD 261 / Haysville Education Association

All applications should be sent to: Ken Athy, Haysville Middle School

Name _____ Building _____

Outcome of the application will be sent via Email:

(your email address-please print neatly)

By making this application, I confirm that I have contributed one day of my sick leave to the USD 261 Sick Leave Bank prior to the deadline during the current contract year, and that my individual sick leave has been exhausted. I acknowledge that applying to the SLB does not automatically mean days will be granted.

signature of applicant

date

Denial of an application for days from the Sick Leave Bank (SLB) may be appealed by submitting a letter to the chairperson of the SLB.

Please provide a brief explanation for the use of the day (s) requested from the Sick Leave Bank. Please attach a copy of a doctor's statement relating to these days, if applicable.

Number of Days Requested _____

Sick Leave Bank committee retains the right to request further information.

Outcome of Request

_____ Approved

Date: _____

_____ Denied / Rationale: _____

_____ Request additional information / documentation

Request reviewed by the following committee members:

