



SICK LEAVE BANK APPLICATION

Sick Leave Bank

We are sorry to hear that your present circumstances require extended time and attention to care for the needs at hand. Please let our Department of Human Resources know how we might help you explore the possibility of additional paid leave through the District's *Sick Leave Bank*.

As you consider applying for additional days of paid leave through the *Sick Leave Bank*, please be aware of the following requirements:

- Employees must be enrolled as a contributing member of the District's *Sick Leave Bank* in order to access this benefit.
- Eligible employees must submit a completed *Sick Leave Bank Application* to the District's Department of Human Resources along with the required documentation listed below. The number of days an employee may request is outlined in the Article 7 of the *Negotiated Agreement*. This Agreement can be found on the District's webpage.
- Applications must be submitted and approved before any additional days from the *Sick Leave Bank* may be used. Additional leave shall not be granted retroactively.
- Upon receipt of this completed application, the *District Sick Leave Bank Committee* shall have seven (7) working days to convene. Only complete applications shall be reviewed by the *Committee* and shall be reviewed in the order they are received. **Incomplete applications will not be reviewed.**

Sick Leave Bank Application (to be completed by the employee)

Name: _____ Date: _____

School/Location: _____ Position: _____

Number of consecutive years I have been employed with the District: _____

Number of additional days requested: _____ Date I anticipate returning to work: _____
Month Day Year

I verify that I will have, or already have, exhausted all accumulated compensated leave (sick leave, personal leave, compensatory time, overtime and/or vacation leave) as of: _____
Month Day Year

I have **attached a detailed explanation for this request.**

I have **attached written verification from the attending physician** indicating both the nature and the severity of the catastrophic illness.

For HR Use Only
Date Application Received:
Date Notice of Decision Sent:

Employee's Signature: _____

Sick Leave Bank Committee Use Only Date application was reviewed: _____
Month Day Year

Request APPROVED. Number of days approved: _____

Request DENIED. Reason for denial: _____

LEA Representative

ESP Representative

LCSDAA Representative

LEA Representative

ESP Representative

LCSDAA Representative