

# Sick Leave Bank Application

**To be filled out by applicant:**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

School/Teaching Assignment: \_\_\_\_\_

Number of days requested:

Tenured – maximum 90 days/year \_\_\_\_\_  
**(5 year maximum 150 days)**

Non-Tenured – maximum 30 days/year \_\_\_\_\_  
**(5 year maximum 150 days)**

Anticipated date of first usage: \_\_\_\_\_

Please **attach verification** by a licensed medical physician of the disability.  
(Verification will be required after **each** thirty (30) day period.)

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**To be filled in by committee:**

\_\_\_\_\_ Approved \_\_\_\_\_ Denied

\_\_\_\_\_ Date \_\_\_\_\_ Date

\_\_\_\_\_ # of days approved

\_\_\_\_\_ Beginning date

\_\_\_\_\_ Reverification from physician due \_\_\_\_\_

**Signatures of Approval:**

\_\_\_\_\_ District # 61 Administrator

\_\_\_\_\_ DEA Representative

**After Approval, Human Resources send copy to:**

\_\_\_\_\_ Payroll \_\_\_\_\_ Applicant \_\_\_\_\_ DEA

**Failure to follow the provisions of Article X, A.7 (Sick Leave Bank) of the contract in a timely manner may cause you to be docked or jeopardize your pay.**