

**Central Community School System
Sick Leave Bank Request Form
2009-2010**

An employee who has depleted his/her accumulated sick, annual leave, and any extended leave available as a result of a seriously incapacitating and extended illness or injury may ask to receive donations of sick leave from other employees through the Sick Leave Bank in order that the ill/injured employee may receive income during the period when they are unable to work. The employee must have been a full time employee with Central Community School System a minimum of one (1) year.

Employees are not eligible for this program once they qualify for worker's compensation or disability retirement.

_____ I wish to request approval to use sick leave days from the Sick Leave Bank. I
Initial understand that I must deplete accumulated sick days, annual leave, and any
extended leave available.

Name: _____ Date: _____

School/Location: _____

****It is the employee's responsibility to provide two (2) physician's statements before the leave can be approved.** This form must be submitted to the Office of Human Resources no later than ten (10) working days before extended sick leave is exhausted.**

Employee Signature: _____ Date: _____

Approved:

Superintendent/Assistant Superintendent

Date

**PLEASE RETURN COMPLETED FORMS TO:
CENTRAL COMMUNITY SCHOOL SYSTEM
CENTRAL OFFICE
ATTN: TRACY BARNES**