

Central Community School System Sick Leave Bank Request Form

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. Recipients shall be actively employed for at least thirty-six (36) consecutive months as of the date of the intended usage. *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.

Employee Name: _____ Date: _____

School/Location: _____

****It is the employee's responsibility to provide a physician's statement before the leave can be approved.** This form must be submitted to the Office of Human Resources at least twenty (20) work days prior to the anticipated beginning date of leave.**

Employee Signature: _____ Date: _____

Your request to use days from the sick bank is Approved Denied

_____ Date: _____
Superintendent

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