



FSD 145

Freeport School District

REQUEST FOR SICK LEAVE BANK DAYS

In order to be eligible to receive days from the Sick Leave Bank, you must:

1. be a member of the Sick Leave Bank;
2. have exhausted all individual accumulated sick days;
3. upon exhaustion of individually accumulated sick days, be absent without pay for at least two (2) consecutive days;
4. present to the Sick Leave Bank Committee a statement from a licensed physician specifying the nature of the illness or injury, and the anticipated date of return to employment;
5. present to the Sick Leave Bank Committee for approval this completed application form.

(Submit completed application to Business Office – Michelle Keister at 501 E. South St. Freeport, IL 61032 or by fax at 815-232-6717)

Name: _____

Current position & location: _____

Date of Request: _____ Number of days requested: _____

Reason for Request: _____

_____ Yes _____ No I have exhausted all of my accumulated sick days.

_____ Yes _____ No I have been absent without pay for two (2) consecutive days.

_____ Yes _____ No I have attached a release from a licensed physician stating the specifics of my illness or injury and my anticipated date to return to work

Please attach any additional information you believe is important for the committee to make its decision.

Signature

Date

FOR COMMITTEE USE ONLY

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|---|---|
| _____ Required information is complete | _____ Application approved |
| _____ Full-time, 12 month employee | _____ Application denied |
| _____ Part-time, 10 month employee | _____ Date action taken by committee |
| _____ Other (less than 3.5 hours per day) | _____ Date employee is to be notified of decision |