

**Sick Leave Bank**

**Request Form**

\_\_\_\_\_ **Certified**

\_\_\_\_\_ **Non-Certified**

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

**Date of Request:** \_\_\_\_\_

**Number of Days Requested:** \_\_\_\_\_

**Doctor's Note:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Committee Approval:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Employee Informed:** \_\_\_\_\_ **Email** \_\_\_\_\_ **Phone**

**Copies to:** **Lisa Whitcomb** \_\_\_\_\_

**Dorothy Keppler** \_\_\_\_\_

**Melody Morrow** \_\_\_\_\_