

Chatham Central School District
SICK BANK REQUEST FORM

Name: _____

Address: _____

Best phone number while on leave: _____

Best email address while on leave: _____

Number of days requested from the Sick Leave Bank _____ (30 days maximum at a time, total not to exceed 50% of employee's work year)

Please describe, the nature of the disability, and explain why it requires absence from work. Include any additional information you would like the committee to consider. Attach additional paper if necessary. :

I hereby authorize the Chatham Central School District to release information from my personnel file regarding my medical history, doctor's records and/or letters, and use of sick leave in order that the Sick Leave Bank Committee can determine if I am eligible for leave days from the Sick Leave Bank.

Date

Employee's Signature (Family Member/Agent)

Sick Leave Bank Committee

Sick Leave Bank membership: Yes _____ No _____

Physician's Statement Received (date) _____

Request Approved: Yes _____ Number of days approved: _____ No _____ Referred to Superintendent _____

Signature

Printed Name

Date

Signature

Printed Name

Date

Signature

Printed Name

Date

Superintendent (If Applicable)

Request Approved: Yes _____ Number of days approved: _____ No _____

Signature

Date

FOR PAYROLL OFFICE USE ONLY

NAME _____ DEPARTMENT/BUILDING _____

UNION _____

PART 1—AWARDING OF APPROVED DAYS

_____ Approved Days Credited (Initial) _____ Date _____

Date of Return to Work _____

Days Awarded on Return to Work (ESP, CSEA/Principals-1 per remaining month) _____

(Initial) _____ Date _____

PART 2-END OF YEAR

Sick Bank Days Used This Year _____

Days Returned to Sick Bank in June _____

Payroll Clerk Initials _____ Date _____

Business Administrator Signature _____ Date _____

Each time it is updated, copies of this page only to be sent to:

- Payroll File
- Superintendent's Office
- Employee's Supervisor
- Union President