

Little Wound School

SICK LEAVE BANK REQUEST FORM



EMPLOYEE

I, _____, request _____ hours of leave
(name)

from the employee sick leave bank. I have submitted my physicians' statement to the Human Resources Department regarding the purpose of this request.

Employee Date

Authorization:

I authorize the payroll office to deduct from the balance of the sick leave bank the number of hours or days indicated above to be used by the recipient named above.

HR Director Date

LWS Board Chairperson Date

LWS Policy 3.58: Unused sick leave that has been accrued by an employee who no longer is employed at Little Wound will be compiled into a sick leave bank that may be used by employees who have a catastrophic illness or accident and has used all leave available. Employees must request this leave in writing and provide a physician's statement to the Human Resources Director. Such requests will be approved by the Little Wound School Board.