

**NEW DIANA INDEPENDENT SCHOOL DISTRICT
REQUEST FOR SICK LEAVE BANK DAYS**

NAME: _____

DATE: _____

CAMPUS: _____ POSITION/ASSIGNMENT: _____

I HAVE (OR WILL HAVE) USED ALL OF MY AVAILABLE STATE AND LOCAL LEAVE DAYS FOR THIS YEAR.

I AM REQUESTING SICK LEAVE BANK DAYS TO BEGIN _____

THROUGH _____ FOR A TOTAL OF _____ DAYS

I DO/DO NOT ANTICIPATE NEEDING ADDITIONAL DAYS FOR FOLLOW-UP EXAMINATIONS.

IF YES, EXPLAIN: _____

THE ABOVE REQUESTED DAYS ARE NEEDED FOR THE REASON OF CRITICAL ILLNESS, INJURY OR TEMPORARY DISABILITY AS DESCRIBED:

A STATEMENT FROM THE ATTENDING PHYSICIAN IS ATTACHED.

SIGNATURE

DATE

SICK LEAVE BANK BOARD OF DIRECTORS

REQUEST APPROVED: _____ YES _____ NO

DATES APPROVED: _____ TO _____ TOTAL # DAYS _____

CHAIRPERSON

DATE

COMMENTS: _____

