

Barnstable Public Schools
REQUEST FOR SICK LEAVE BANK

The sick bank is for utilization by professional employees whose own sick leave accumulation, both annual and accumulated, is exhausted through illness or accident and who require additional sick leave to make a full recovery from an illness or accident.

NAME: _____ **SCHOOL:** _____

POSITION: _____ **DATE:** _____

Name of immediate supervisor: _____

Medical reason for request: _____

How many days are you requesting: _____

Please attach a copy of attendance record for previous three (3) years and any additional information you feel is necessary:

Have you requested days from the Sick Leave Bank before? Yes No (check one)
If yes how many days were granted? _____ What were the dates? _____

YOU MUST SUBMIT A COMPLETED CERTIFICATION OF HEALTH CARE PROVIDER FORM.
(Signed by your physician)

Be aware, you may be contacted by a member of the Sick Leave Bank Committee to review your request.

Please send application and documentation to: **Kristen Harmon, Assistant Supt. Office.**

DO NOT WRITE BELOW THIS LINE

Your request is: Approved: You are granted _____ days from the Sick Leave Bank beginning: _____
 Not Approved

Application Review Date: _____ *Signatures of the Sick Leave Bank Committee:*