

ESU #17 Sick Leave Bank Application Form

Name of Employee: _____

School Year: _____ Number of Days Requested: _____

Please provide information regarding the reason for this request:

I hereby certify that all of my accumulated sick leave and personal leave has been used.

Employee Signature

Date

To be completed by the ESU #17 Sick Leave Bank Committee:

_____ has been granted _____ days of sick

Name of Employee

leave from the ESU #17 Sick Leave Bank to be used after all other sick leave and

personal leave have been used.

Signed: _____

ESU #17 Sick Leave Bank Chair

Date: _____