

3.15.5F1 – SICK LEAVE BANK REQUEST FORM

**VAN BUREN PUBLIC SCHOOLS
Van Buren, Arkansas**

NAME _____ PHONE _____

HOME ADDRESS _____

SCHOOL BUILDING _____ SCHOOL PHONE _____

Have you used all of your sick leave and personal leave days?

Are you covered by any income protection plan?

Briefly describe the illness, disability or circumstances that have caused you to make this Request.

How many days do you want?

Any additional comments:

Signature _____ Date _____

Submit To: Sick Leave Bank Chairperson or Committee Member

Committee Use Only

Date Considered: _____ Approved _____ Not Approved

Number of Days Credited _____

Committee Chairperson _____