

**3.9F1 – 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

<b>Committee Use Only</b>	
Date Considered: _____	_____ Approved _____ Not Approved
Number of Days Credited _____	
Committee Chairperson _____	