

Murfreesboro City Schools
Board of Education

REQUEST FOR USE OF DAYS FROM SICK LEAVE BANK

Employee's Name: _____ S.S. #: _____

Location: _____ Phone Number: _____

Mailing Address: _____

Please note a statement from your physician must be attached to this Request and provide specific information relating to your illness or injury to support your request. This completed form and the physician's statement should be sent to Mrs. Kathleen Hunsicker. The request will be sent to each of the five (5) trustees. This information will be held in confidence and will be reviewed only by the Bank coordinator and the five (5) trustees. You will be notified in writing of the decision of the Trustees.

1. Have you used days from the Sick Bank before? _____ Yes _____ No
 - a. If yes, how many days? _____
 - b. When were these days used? _____
 - c. Does the illness or injury prompting this request relate to your previous use of Bank days?
_____ Yes _____ No
 - i. If yes, explain

2. How many days are you requesting from the Bank? _____

3. When was (or will be) your last available day of paid leave? _____

4. Specific comments relating to your illness or injury (required):

Employee's Signature: _____ Date: _____

By signature above, I agree to release any information requested by the Trustees relating to my injury or illness for which this request is being made. I also authorize, by my signature above, my physician to release any information requested relating to my request. I attest by my signature that all information is accurate to the best of my knowledge.

For Use By Trustees Only

Vote must be Returned By _____

Note to Trustees: Please cast your vote, sign and date below. Then please return this form to Mrs. Kathleen Hunsicker. She will collect the votes and forward to the Chairperson (Director of Schools) of the Sick Leave Bank. The Chairperson will verify the decision of the Trustees. Three (3) affirmative votes are required for approval.

	Vote to Approve Request
	Vote to Deny Request
	I request additional information from applicant.

Comments: _____

Trustee Signature: _____ Date: _____