

ROCHESTER COMMUNITY SCHOOLS

Request for Use of Sick Bank Days

NAME: _____

ADDRESS: _____

LOCATION/BUILDING: _____

POSITION: _____

EMPLOYEE REQUEST

My first day out for this illness was: _____
(Per submitted medical and/or FMLA documentation on file with HR Benefit Coordinator)

I request the following days from the Sick Leave Bank:

From: _____ Through: _____

PHYSICIAN'S STATEMENT

The Certification of Healthcare Provider statement must be submitted to the HR Benefit Coordinator confirming this disability and outlining the need to be absent from work as designated above.

ACTION TAKEN BY SICK BANK COMMITTEE

- Approved
- Denied

Signatures:

Date: _____