

Atlantic Education Association/Atlantic Employee Association
Sick Leave Bank Request Form
REQUEST FOR DAYS

(Please Print)

Employee Name: _____

Date of Request: _____ Assignment/Building: _____

Did you contribute to the sick bank this school year? _____yes _____no

Are you eligible for long term disability? _____yes _____no

Depleted all paid time off (sick leave, personal days, etc)? _____yes _____no

What is the nature of request? _____illness _____injury

Number of days requested (must be 3-10): _____

Signature of Employee _____

***** FOR REVIEW COMMITTEE *****

Date received by committee: _____

Committee review date: _____

Request Approved: _____Yes _____No

Reason for denial: _____

Signature of committee member _____

Date of notification (must be within 3 days of request) _____

____ Copy to employee

____ Copy to central office