

**EAST ORANGE SCHOOL DISTRICT
DIVISION OF LABOR RELATIONS & EMPLOYMENT SERVICES**

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REQUEST TO UTILIZE SICK LEAVE BANK DAYS

THIS FORM MUST BE COMPLETED IN FULL TO BE CONSIDERED. INCOMPLETE INFORMATION WILL RESULT IN A DELAY IN CONSIDERATION.

Name: _____ **Date:** _____

Position/Assignment: _____

School/Department: _____

Length of Time Employed in District _____ **years** _____ **months**

Days Absent During the Current School Year: _____

Reason for requesting Sick Leave Bank Days:

Check One: ____ I have exhausted all of my available sick days for this year.

____ I will have exhausted all of my available sick days for this year as of _____.
(insert date)

Number of days I am requesting from the Bank: _____ (no more than 50 days)

Length of Absence: From _____ **To** _____ (insert date)

The above requested days are needed for the reason as set forth in Certification of Health Care Provider Form, which is attached.

Check One: ____ This is my first application to the Sick Leave Bank.

____ I have previously used the Sick Leave Bank this year.

PLEASE NOTE: The Committee members have each signed a confidentiality agreement and are legally bound to the provisions contained within the agreement.

By signing this form, I agree to submit this information to the Sick Leave Bank Committee for review with the understanding that the Committee will keep this information confidential.

Signature: _____ **Date:** _____

“Developing Leaders One Student at a Time”