Pasadena Independent School District

8/2006

REQUEST FOR SICK LEAVE BANK DAYS

Name:_____ Date:_____

Social Security #: _____

Position/Assignment:_____

School/Department:_____

Length of time employed by Pasadena ISD: _____years _____months

Days Absent Current School Year:_____ I have donated three (3) days of my local sick leave and am a member of the Sick Leave Bank.

Reason for requesting Bank Sick Leave Days:
I have (or will have) used all of my available state and local sick leave days and vacation days (when applicable) for this year.

Number of days I am requesting from the Bank:_____
(Maximum - 30 days - employee Maximum - 15 days - family)

Sick Leave Bank Days should begin: _____/_____/_____
month day year

The above requested days are needed for the reason of injury, surgery or critical illness of self or immediate family member as specifically described.

_____

_____

_____

_____

To my knowledge this condition did not exist on the day I joined the Pasadena ISD Sick Leave Bank.

A statement from the physician is attached.

Signature:_____ Date:_____

Circle one: I have / have not previously used the Sick Leave Bank this year.

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