

Blount County Schools

Sick Leave Bank Request

Full Name _____ Date _____

Social Security # _____ Phone _____

Position _____ School _____

Date Accumulated Sick Leave Expired: _____

Number of Days requested from bank (20 maximum): _____

Attending Physician: _____

Physician's Statement Attached: Yes No

Comments _____

Employee Signature: _____ Date: _____

This section to be completed by trustees:

Request Approved: Yes No Number of days approved: _____

Effective Dates: _____ to _____

Number of Requests Granted for this Diagnosis: _____ Effective Dates Draw(1): _____

Effective Dates Draw(2): _____ Effective Dates Draw(3): _____

Members Present: _____

Members Absent: _____

Notes: _____

Votes: _____

Signature of Chairperson: _____ Date: _____