

SUFFOLK PUBLIC SCHOOLS
SICK LEAVE BANK APPLICATION FOR BENEFITS

This form **must** be returned to Human Resources no later than ten (10) days after all accrued sick leave has been exhausted or with three (3) days of sick leave remaining on the books for the employee.

NAME: _____

EMPLOYEE ID NUMBER: _____

POSITION: _____

HOME TELEPHONE NUMBER: _____

SCHOOL/LOCATION: _____

REASON FOR REQUEST: _____

DATE INCAPACITY WILL BEGIN: _____

DATE SICK LEAVE DAYS WILL TERMINATE: _____

SIGNATURE: _____ DATE: _____

OPTIONS (CHOOSE ONE): I ELECT TO USE ALL SICK LEAVE: _____

I ELECT TO HAVE THREE (3) SICK LEAVE DAYS LEFT ON THE BOOKS: _____

THE EMPLOYEE MUST FURNISH A PHYSICIAN'S STATEMENT WITH THIS APPLICATION

FOR OFFICE USE ONLY

SICK LEAVE BANK BOARD RECOMMENDATION

APPROVED: _____ DISAPPROVED: _____

SICK LEAVE BANK ADVISORY BOARD CHAIRMAN: _____

COMMENTS: _____

_____ DATE: _____