

PUTNAM COUNTY BOARD OF EDUCATION

Sick Leave Bank Withdrawal Form

Note: To qualify for days from the sick bank, you must first be a current member of the bank and you must have suffered a personal illness or injury of a catastrophic, life-threatening, and/or disabling nature.

As a contributing member of the Putnam County Sick Leave Bank, you are entitled to request up to thirty (30) days. If extenuating circumstances merit additional days, an extension may be granted by reapplication of your request.

Name

WVEIS ID Number

Address

Home Phone Number

City State Zip

Home School and Position

Date Personal Leave Was Exhausted

Name of Attending Physician

Number of Days Requested

Physician's Phone Number

Please attach your physician's statement concerning your illness or injury. Also, explain briefly your reason for requesting days from the sick leave bank.

I, the undersigned, under penalty of law, state that the information on this form is accurate, truthful, and complete to the best of my knowledge.

Signature

Date

FOR USE BY COMMITTEE

Date of Review

Request Approved

Request Denied