

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

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Home School & 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