SICK LEAVE APPLICATION FORM

Name: _____ **Phone:** _____

Building: _____ **Position:** _____

Current Personal/Sick Day Balance:_____

Nature of Illness/Reason for Application

_____

_____

Number of Days Requested:_____

Signature of applicant_____ Date: _____

FOR REA SICK LEAVE BANK COMMITTEE

☐ Approved _____ Day(s) to be used from the sick bank.

☐ Denied – Reason

_____

_____

_____

Sick Bank Committee Member / Date

FOR PAY ROLL USE ONLY:

Reimbursement for the following days: _____

Number of Sick Days Used from the Sick Bank: _____

Copies to: Applicant
              Payroll
              REA Sick Bank

Complete this form and return to Melissa Carroll, Amy Coody, or Bonnie Mayer
(doctor's statement can be requested if needed.)