

**OAK RIDGE SCHOOLS  
CERTIFIED SICK LEAVE BANK**

**REQUEST TO USE SICK LEAVE DAYS FROM SICK LEAVE BANK FOR  
EMPLOYEE'S PERSONAL ILLNESS**

NAME \_\_\_\_\_ Last 4 of SSN \_\_\_\_\_  
LAST FIRST MI

ADDRESS \_\_\_\_\_  
STREET CITY/STATE ZIP

SCHOOL OR DEPARTMENT \_\_\_\_\_

HOME PH: \_\_\_\_\_ SCHOOL PH: \_\_\_\_\_

**ALL PERSONAL LEAVE DAYS MUST BE USED PRIOR TO SICK LEAVE BANK APPLICATION**

NUMBER OF DAYS REQUESTED: \_\_\_\_\_ (1 to 20 days for each request-original or extension)

DATE ACCUMULATED LEAVE WILL BE EXHAUSTED: \_\_\_\_\_

COMMENTS REGARDING ILLNESS

\_\_\_\_\_  
DATE OF REQUEST

\_\_\_\_\_  
APPLICANT'S SIGNATURE

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**APPROVAL  
(TO BE COMPLETED BY TRUSTEES)**

REQUEST APPROVED: YES \_\_\_\_\_ NO \_\_\_\_\_ NUMBER OF DAY APPROVED \_\_\_\_\_

EFFECTIVE DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_  
REPLY DATE

\_\_\_\_\_  
Signature: Chair of Sick Leave Bank

PLEASE RETURN TO HUMAN RESOURCES DEPARTMENT, ATTN: REBECCA MEDOVICH