

SICK LEAVE BANK ENROLLMENT

I agree to have (1) Paid Day Off deducted from my accumulated Paid Days Off to enroll in the SICK LEAVE BANK.

Name: _____ School: _____ Date: _____

OCE-CHALTA SICK LEAVE BANK APPLICATION

Name _____
School _____
Home Address _____
Home Phone Number _____

Before applying for the Sick Leave Bank, you must meet the following criteria:

1. *Participate in the Sick Leave Bank.*
2. *Use all current sick and personal leave days.*
3. *Use all accumulated Paid Days Off.*
4. *Supply a physician's statement describing the nature of the illness, its expected duration, and the period of time during which the teacher should be relieved of his/her duties.*

After reading the above qualifications, I am applying for _____ days (not to exceed twenty (20) days) effective on (date) _____.

Applicant Signature

Date

Return this form to the Sick Leave Bank Committee Chairperson or CHALTA representative in your building.

Approved _____ Disapproved _____ Effective Date _____

Sick Leave Bank Committee Chairperson