

Appendix J



Sick Bank Application Form

Sick Bank days:

- can only be used for personal illness/disability
- are available to borrow only when applicant's personal illness leave is depleted

Name _____ Date _____

School _____

Home Address _____
Street City State Zip

Describe nature of illness:

Doctor's Note/Verification with description of illness
and dates of absence and return to work must accompany this request

Date sick days will be exhausted _____ Date of return to work _____

Total Days Requested _____ Employee Daily Rate _____

Compensation to be as follows:

Days 1-10: _____ compensated at 100% of daily rate = \$ _____
(# of days up to ten)

Days 11-20: _____ compensated at 75% of daily rate = \$ _____
(# of days up to ten)

Any subsequent days: _____ compensated at 50% of daily rate = \$ _____
Total Cost to Sick Bank: \$ _____