

Sick Bank Request Form

Fill out either Section A **OR** B. Please choose only one Section to fill out.

Sick Bank days cannot be accessed from the Sick Bank until the five day waiting period, (five days without pay), has been completed. However, we ask that you apply to the Sick Bank as soon as your personal days are running out, and you think you may need days from the Sick Bank. It takes some time to process your request.

SECTION A: (Fill out only Section A or B, not both)

A signed doctor's note is required for Section A. The doctor's note must say when the medical leave begins and ends. The ending date for most people is the date of your next doctor appointment. The doctor's note is good for no more than 40 days. An updated doctor's note must be obtained after 40 days. Sick Bank days may only be granted up to the end date of the doctor's note. *Please attach the signed doctor's note to this Form if using Section A.*

I _____ would like to request from the Sick Bank _____ number of days starting on _____ date, and ending on _____ date, (usually your next doctor appointment).

Section A Signature: _____ Date: _____
Work Phone: _____ Home Phone: _____

SECTION B: (Fill out only Section A or B, not both)

Section B is for emergencies only. A doctor's note is not required. Section B may not exceed two segments of three days, or a total of six days in any school year.

I _____ would like to request from the Sick Bank _____ number of days, (no more than 6 days), starting on _____ date, and ending on _____ date.

Section B Signature: _____ Date: _____
Work Phone: _____ Home Phone: _____

Send this form to:

Sick Bank Chairperson, West Street Elementary
5700 West Street, Sanborn, New York 14132
kheilemann@nwcsd.org
Work – 215-3200, extension 5180