ILEA SICK LEAVE BANK WITHDRAWAL REQUEST

** Confidential **

Employee Name: ___________________________________

I would like to withdraw _______ day(s) from the ILEA Sick Leave Bank. (Maximum allocation at one time is 25 days with a total limit of 100 days.)

By doing so, I agree to the terms outlined in Article 16.1.4 of the Inter-Lakes School Board and Professional Employees Agreement 2015-2017 and to the criteria (see ILEA SICK LEAVE BANK INFORMATION document) established by the Sick Leave Bank Committee.

REASON FOR REQUEST: __________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

START DATE OF ABSENCE: ____________   ANTICIPATED END DATE: ____________

___________________________________________

Employee Signature

Date

Note: A physician’s statement must be included with this form. The statement should include a description of the illness and a prognosis for the return to work date.

Please submit this form and statement to the Superintendent of Schools.