

# KETCHIKAN GATEWAY BOROUGH SCHOOL DISTRICT

## SICK LEAVE BANK REQUEST FORM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CURRENT BUILDING: \_\_\_\_\_ CURRENT ASSIGNMENT: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

REASON FOR SLB REQUEST:

Have you expired all of your sick and personal leave? Yes No  
Number of days of Sick Leave accrued as of the start of the school year. \_\_\_\_\_  
(Contact payroll for assistance determining number of days).  
Number of days of Sick Leave requested from the bank. \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### RETURN TO KEA PRESIDENT

KEA President: \_\_\_\_\_ Date: \_\_\_\_\_ **Approved: Yes No**

Superintendent/Designee: \_\_\_\_\_ Date: \_\_\_\_\_ **Approved: Yes No**

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ **Approved: Yes No**

Additional Information:

### **Submit request to your building principal.**

- A member of the Sick Leave Bank is eligible for not more than twice the number of days of sick leave he/she has accumulated before the beginning of the school year.
- Sick Leave Bank days may only be used when all accrued sick and personal leave have been exhausted.
- Sick Leave Bank days may only be used for the member's own injury/illness.
- Sick Leave Bank requests must be made for each separate incapacitation. The Sick Leave Bank will not approve "blanket" requests to cover incidental day to day illnesses for the duration of the year, or for the duration of the member's available SLB amount.
- A doctors/medical care provider's note stating the need for absence from work will be required to process the request.

For questions on the Sick Leave Bank requests, contact the KEA president.

