

ANIMAS PUBLIC SCHOOLS
REQUEST FOR USE OF SICK LEAVE BANK

Name: _____

Position: _____

Building: _____

I would like to borrow _____ days from the Sick Leave Bank:

From: Month _____ Day _____ Year _____

To: Month _____ Day _____ Year _____

I understand that before leave may be withdrawn from the Sick Leave Bank, all accrued sick leave, annual leave, and personal leave must be used.

Employee's Signature: _____

Date: _____

Please submit the completed forms to Mr. Ruben Aguallo, SLB Chairman

PHYSICIAN'S STATEMENT

Diagnosis: _____

Prognosis: _____

Employee will be unable to work:

From: Month _____ Day _____ Year _____

To: Month _____ Day _____ Year _____

Physician's Signature: _____ Date: _____