

Haslett Public Schools



**SICK BANK APPLICATION**

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

BUILDING: \_\_\_\_\_

I wish to draw from the HEA Sick Bank. I anticipate drawing \_\_\_\_\_ days. My accumulated sick leave expires on \_\_\_\_\_, and I wish to begin drawing from the exchange.

The medical verification for this request is (circle one response):

- (a) attached
- (b) being mailed by physician
- (c) needs to be mailed by physician
- (d) other \_\_\_\_\_

My doctor is \_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

Phone

I understand that any request beyond 30 days will go to a committee made up of three teachers and three administrators. I understand that the decision of the Sick Bank Committee is final and binding. I also understand they may request a second doctor's opinion from me.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Send to: HEA Sick Bank Chairperson  
Assistant Superintendent  
Payroll