



Haslett Public Schools

SICK DAY EXCHANGE APPLICATION

NAME: _____

BUILDING: _____

I wish to draw from the HEA Sick Day Exchange. 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 Exchange 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