

Northeastern Local Education Association

Sick Leave Bank Loan REQUEST Form

Name _____

Date _____

1. Have you enrolled and donated the required number of days to the Sick Leave Bank?
_____ Yes _____ No
2. A doctor's statement is required with the application as per the contract with the Board of Education. (You must include with this application or it will be denied.)
3. Have you used all of your accumulated sick days and available sick day advances?
_____ Yes _____ No
4. How many days are you requesting? _____
(Reminder: You can request up to 10 days at a time, with a maximum of 30 days borrowed. These days must be returned/paid back.)
5. Please explain why you are requesting sick days from the Sick Bank:

For more information about the Sick Leave Bank Contract Language, see section [11.01](#)

COMMITTEE:

_____ Approved, date: _____

_____ Denied, reason: _____

Committee Signatures:
