SICK LEAVE SHARING BANK
USAGE REQUEST FORM

Name:			
Site:	MI Position:	Last Employee ID	
• • •		rovided to HR, and render specific information to support the severe or mpleted form to Human Resources with the physician statement, if neede	
To be completed by em	ployee:		
Reason for Request			
Serious acciden Serious illness o	t by the employee requiring extended work ab	sence	
	dbirth, and recovery		
Extended hospi	talization of the employee		
Other serious, e	xtenuating circumstance normally allowed for	sick leave	
Have you used days from	n the Sick Leave Sharing Bank previously?	Yes No	
How many days are you	requesting from the Sick Leave Sharing Bank	.?	
	Employee Signature	Date	
Additional information regar	ding the sick leave sharing bank usage is below. Refer	to Board Policy 5310 for complete details	
		or are suffering from or have a relative or household member to cause the employee to take leave without pay or to terminate	
For purposes of this policy	, the following definitions apply:		
Relative of Employee:	A spouse, child, stepchild, grandchild, grandparent, stepparent, or parent of the employee.		
	A "child" means a biological, adopted, foster or step relationship with the employee.	child, a legal ward, and an individual with an in loco parentis	
Severe or Extraordinary:		pairment or physical or mental condition, which will result in the (30) days. This includes temporary disability resulting from	
	This does not apply to the bonding time outside of your medical diagnosis.		
	A "serious health condition" does not include short-	term conditions for which treatment and recovery are very brief.	
0-1 yea 1-4 yea	d per request shall be based on the following tier syste ar of sick bank membership: Does not qualify mars of sick bank membership: Maximum of 30 days	S	
5 100	rs of sick bank membership: Maximum of 60 days		

Last day of sick leave:	Number of days approved:	Beginning date:
Request Approved Request Denied	Non-qualifying member	Outside of medical diagnosis
Request Defined	Bank membership less than 1 year Physician Statement not received	Other