SAN ANGELO INDEPENDENT SCHOOL DISTRICT

Catastrophic Sick Leave Bank

Request

Print

Name	Social Security # Employee ID #
Position	Campus / Department

Reason for requesting days and nature of illness or injury:_____

_____

_____

_____

_____

_____

☐ Self ☐ Spouse ☐ Child ☐ Other_____

Days requested from Bank: _____ /_____ /_____ through _____ /_____ /_____
Month Day Year Month Day Year

Total number of days requested: _____

I have exhausted all my accumulated state and local leave, vacation days, and earned compensatory time. The certification of health care provider is attached.

Signature_____Date_____

Human Resources Department Use Only

Membership effective date_____

Prior days approved_____

Notes_____

_____

_____

Revised July 2007