

**ANTHONY INDEPENDENT SCHOOL DISTRICT
REQUEST FOR USE OF SICK LEAVE BANK
2008-2009**

NAME: _____ POSITION: _____

SCHOOL/DEPARTMENT: _____

SIGNATURE: _____ DATE: _____

I would like to request days from the Sick Leave Bank:

FROM: Month: Day: Year: _____

TO: Month: Day: Year: _____

I understand that before leave may be withdrawn from the Sick Leave Bank that all accrued sick, annual, and personal leave [including flex-time and compensatory time] must be used and that I am five [5] days in arrears.

EMPLOYEE'S SIGNATURE: _____ DATE: _____

PLEASE PRINT: PHYSICIAN'S STATEMENT [original or copy of physician's statement must be submitted with this form]

DIAGNOSIS: _____

PROGNOSIS: _____

Employee Will Be Unable To Work:

FROM: Month: Day: Year: _____

TO: Month: Day: Year: _____

PHYSICIAN'S SIGNATURE: DATE: _____

PHYSICIAN'S PRINTED NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ TELEPHONE: _____