

Ganado ISD Sick Leave Bank

Withdrawal Request Form

Number of sick leave days requested: (May be approved for 30 days maximum, or 5 days for first degree family member)

_____ Catastrophic Health Condition

_____ Catastrophic Health Condition of immediate family member

Reason for Request: *Briefly describe the nature of your illness or the illness of family member. Must include a recent physician note (within last 4 weeks). A meeting will not be scheduled until all required documentation submitted. **

I request a withdrawal of sick leave as provided by Ganado ISD Employee Handbook Procedures.

In order to withdraw days from the Sick Leave Bank, I understand that I must have exhausted all sick leave, personal leave and vacation days available to me.

Furthermore, I authorize the Sick Leave Bank Committee to obtain, inspect, copy, review and transfer all relevant medical records, sick leave records and other pertinent documents to determine eligibility of sick leave withdrawal and transfer.

If member's incapacity is of such a nature that he/she cannot personally apply for bank withdrawal, and authorized agent or member of the family may submit this application on his/her behalf.

I affirm that I am not receiving Workers' Compensation at this time.

Employee Signature

Date

Return this form to the Superintendent's Office

For Committee Use Only:

_____ Approved _____ Denied # _____ of Days

Reason denied: _____

Committee Member

Committee Member

Committee Member

Committee Member

Committee Member

Committee Member

*** Lack of information may result in docked pay and /or loss of benefits.**