

Snake River School District #52

PERSONNEL

5400F1

Classified Employee Request for Sick Leave Bank

Date _____

Requested by _____

Date Sick Leave expires and personal days are used _____

Reason for request: _____

List days and reasons for current year's absences.

Physician's Name: _____ Phone #: _____

Address: _____

Attach any information that your doctor has supplied or any other information you feel is pertinent to this request.