

ALLEGHANY HIGHLANDS PUBLIC SCHOOLS

REQUEST FOR DAYS FROM THE SICK LEAVE BANK

(Print Full Name)

Address:

Occupation: _____ School: _____

I am requesting a loan of _____ days from the Sick Leave Bank. I understand the following policy:

1. A member will not be able to utilize sick leave bank benefits until ALL other paid leave is depleted. A waiting period of ten (10) working days after the member has exhausted ALL leave is required before days from the sick leave bank may be utilized.
2. An allotment up to a maximum of forty-five (45) days each school year or for any one illness or disability may be drawn by any one member.
3. Members utilizing sick leave days from the bank will not have to replace these days except as a regular contributing member of the bank.

I hereby authorize my physician and/or health care provider to release the information below to Alleghany Highlands Public Schools' Department of Human Resources and Pupil Personnel, and to release Alleghany Highlands Public Schools from any liability in connection with its release or use.

(Signature of Employee)

(Date)

PHYSICIAN CERTIFICATION

I hereby certify that the above-named patient is totally unable to perform any work due to the illness or disability described below:

(Date Patient Ceased Work)

(Approximate Length of Disability)

(Signature of Physician)

(Date)

EMPLOYEE: Please return this form to: Director of Human Resources & Pupil Personnel
Alleghany Highlands Public Schools
PO Drawer 140
100 Central Circle
Low Moor, VA 24457
FAX: 540-863-1804