



**BATH LOCAL SCHOOLS
APPLICATION FOR SICK LEAVE BANK**

Name _____ Date _____

Representative Name (if applicable) _____

.....
Nature of catastrophic illness or injury _____

Attach a copy of the physicians(s) diagnosis and prognosis of the catastrophic illness or injury.

Explanation of previous leave usage _____

Additional pertinent information _____

Projected date of return _____

All information and reports relating to the Sick Leave Bank Application submitted will remain confidential.

Superintendent Approval _____ Date _____

Comments _____