

COVID SICK LEAVE BANK REQUEST FORM

DATE _____

NAME _____

SCHOOL BUILDING _____

HOME ADDRESS _____

PHONE # _____

NUMBER OF DAYS REQUESTED FROM CSLB _____

ACCUMULATED SICK DAYS TO DATE _____

SICK LEAVE WILL BE USED FOR THE FOLLOWING DATES _____

PLEASE RETURN THIS FORM TO YOUR SUPERVISOR & TREASURER

DATE REQUEST WAS REVIEWED BY SUPERVISOR/SUPERINTENDENT _____

NUMBER OF DAYS GRANTED FROM SICK LEAVE BANK _____

COVID SICK LEAVE BANK DONATION FORM

DATE _____

NAME _____

SCHOOL BUILDING _____

HOME ADDRESS _____

PHONE # _____

ACCUMULATED SICK DAYS TO DATE _____

SICK DAYS DONATION _____ (increments of 5)

By signing this form, I voluntarily donate sick leave days to the Covid Sick Leave Bank (CSLB). I understand the process in how donations will be distributed and calculated within the Memorandum of Understanding.

Employee Signature _____

PLEASE RETURN THIS FORM TO THE TREASURER

Approved 11.23.20