

SICK LEAVE BANK

APPLICATION FOR EXTENDED SICK LEAVE

Dear Members:

I hereby apply for _____ days [or additional days] to begin
_____ and end on _____.

My reason for the request is

My present sick leave will be exhausted on _____, and I plan on
returning to work on _____.

I have read the terms of the contractual agreement between the Taunton Education Association and the Taunton School Committee, and I am a qualified member of the Sick Leave Bank. I hereby grant the members of the committee permission to view my personal files in order to determine eligibility/prior utilization of eligible sick leave to support my application.

Signature _____

Date _____

Address _____

Phone _____

(medical physician's report must be submitted with this application)

Sick Leave Bank Committee Action _____

Approved _____ # of days _____

Disapproved _____

Date _____

Please return this application to: Suzanne Franco
29 Deer Track Dr.
Taunton, Ma 02780