

**SUFFOLK PUBLIC SCHOOLS**  
**SICK LEAVE BANK APPLICATION FOR BENEFITS**

This form **must** be returned to Human Resources no later than ten (10) days after all accrued sick leave has been exhausted or with three (3) days of sick leave remaining on the books for the employee.

NAME: \_\_\_\_\_

EMPLOYEE ID NUMBER: \_\_\_\_\_

POSITION: \_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_

SCHOOL/LOCATION: \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

DATE INCAPACITY WILL BEGIN: \_\_\_\_\_

DATE SICK LEAVE DAYS WILL TERMINATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OPTIONS (CHOOSE ONE): I ELECT TO USE ALL SICK LEAVE: \_\_\_\_\_

I ELECT TO HAVE THREE (3) SICK LEAVE DAYS LEFT ON THE BOOKS: \_\_\_\_\_

**THE EMPLOYEE MUST FURNISH A PHYSICIAN'S STATEMENT WITH THIS APPLICATION**

FOR OFFICE USE ONLY

**SICK LEAVE BANK BOARD RECOMMENDATION**

APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_

SICK LEAVE BANK ADVISORY BOARD CHAIRMAN: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

DATE: \_\_\_\_\_