

St. Lucie Public Schools

Application for Use of the Sick Leave Bank

CTA/CTA-CU, CWA

Name of Applicant _____ Date _____

Work Site _____ Position _____

Home Address _____

_____ Telephone _____

Briefly state nature of illness: _____

How long do you expect to be absent? (from) _____ (to) _____
Date Date

*A statement from your doctor must be attached to this form.
Please remember to submit a "Request for Absence along with this form.*

Please check the appropriate box for your bargaining unit

CTA

CTA/CU

CWA

Signature of Applicant _____

This request has has **not** been granted.

Reason for denied request: _____

_____ Date approved

_____ Human Resources Administrator

FOR HUMAN RESOURCES USE ONLY: MEMBER OF SICK BANK - -YES -NO

***USED PREVIOUSLY: -YES -NO Reason _____**

LEAVE REQUEST CREATED: -YES -NO DATES _____ TO _____

NUMBER OF SICK / VACATION DAYS AVAILABLE TO USE: _____

Cc: Sick Leave Bank
Payroll
Human Resources
CTA/CTA-CU, CWA
Employee