

**U.S.D. #385 - Andover  
Sick Leave Bank  
Application for Withdrawal**

This form is to apply for days from the Sick Leave Bank. The maximum number of days that any one participant can draw from the bank per request is 10 days. If additional days are needed you will need to reapply.

Please complete this form as soon as possible and present to the Superintendent to avoid any Payroll salary dock.

Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby request \_\_\_\_\_ days from the Sick Leave Bank. By making this application, I confirm that I have contributed sick leave to the bank and that my individual sick/personal leave and vacation leave have been exhausted.

In paragraph form, provide a brief explanation, for the use of days requested from the Sick Leave Bank. Attach a copy of a doctor's statement. The Superintendent retains the right to request further information.

Return this application following approval/denial to the payroll office.

Approved By: \_\_\_\_\_ Denied By: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_