

SHELBY COUNTY BOARD OF EDUCATION

160 South Hollywood Street
Memphis, Tennessee 38112

***REQUEST TO USE SICK LEAVE DAYS FROM SICK LEAVE BANK
FOR EMPLOYEE'S PERSONAL ILLNESS***

NAME _____ SOC. SEC. # _____
Last First Middle

ADDRESS _____
Street City State Zip

SCHOOL OR DEPARTMENT _____

REQUEST

_____ *Original Request* _____ *Extension 1* _____ *Extension 2*

Number of Days Requested _____
(1-20 Days for each request, ORIGINAL OR EXTENSION)

COMMENTS: _____

Have you used the Sick Leave Bank prior to this school year? _____ Yes _____ No
If "Yes", identify year(s): _____

APPLICANT'S SIGNATURE: _____

Date of Request: _____

TO BE COMPLETED BY PERSONNEL

Total Years Service in Shelby County Schools: _____

Verified Date Accumulated Leave Expired: _____

Dates to be Covered by Leave Request: Begin _____ **Through** _____

Date of Enrollment in Sick Leave Bank: _____

History of Previous Use of Sick Leave Bank

Year	Number of Days Used
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NAME: _____

**REQUEST TO USE SICK LEAVE DAYS FROM SICK LEAVE BANK
FOR EMPLOYEE'S PERSONAL ILLNESS**

**ACTION TAKEN
(To Be Completed by Trustees)**

_____ Original Request _____ Extension 1 _____ Extension 2

REQUEST APPROVED? _____ Yes _____ No

NUMBER OF DAYS APPROVED: _____

EFFECTIVE DATES: **Begin** _____ **Through** _____

COMMENTS: _____

Signature of Chairperson

Reply Date

Copy to: *Applicant*
 Principal of Assigned School or Department Head
 Human Resource Department