

**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: \_\_\_\_\_

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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*