

For Business Use Only  
Member \_\_\_\_ Yes \_\_\_\_ No  
Date Joined Bank \_\_\_\_\_  
Days Absent from Current Year \_\_\_\_\_

**EAGLE MOUNTAIN-SAGINAW ISD**  
**Sick Leave Bank Application for Benefits**

Request for Sick Leave Bank Days

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Position/Assignment \_\_\_\_\_ School/Department \_\_\_\_\_

Length of Time Employed by EM-SISD \_\_\_\_\_ years \_\_\_\_\_ months.

Reason for Requesting Sick Leave Bank Days

I have (or will have) used all of my available state and local leave days for this year.

Number of days requesting for the Bank \_\_\_\_\_

Bank Sick Leave Days should begin \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

The above requested days are needed for the reasons of personal or immediate family member illness or injury as described.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To my knowledge this condition did not exist the day I joined the EM-SISD Sick Leave Bank \_\_\_\_\_(initial)

A statement from my physician is attached and I authorize my physician to release information on this illness/injury and absences to the Eagle Mountain-Saginaw ISD and the Sick Leave Bank.

\_\_\_\_\_  
Signature Date

PLEASE COMPLETE AND RETURN TO THE BUSINESS OFFICE