

Kyrene School District Sick Leave Bank Request Form

Name _____ Date _____

Employee ID Number _____ School/Location _____

Home Address _____

Home Phone Number _____

- First request ___ COVID request (for employee positive diagnosis)
 Second request

I am requesting _____ Sick Leave Bank days for the following dates: (no more than 8 days per request, not to exceed sixteen days per school year). I agree that if my three deductible absences have not been used prior to this request, this form authorizes the Kyrene School District and the Kyrene Sick Leave Bank to automatically apply my deductible absences prior to SLB days being granted.

Dates: _____

- Yes, all ACA and deductible absences have been used (to be verified by HR).
 No, paid leave days will be exhausted by _____.

Please attach documentation*(doctor's statement, etc.)

Signature of Employee

Please complete form and submit to Liz Valentine at Kyrene de la Estrella.

Committee Review / Recommendation

Request Granted for _____ days.

_____ Date _____

Request Denied.

_____ Date _____

Reason:

*By signing this request form and providing supporting documentation, I understand and agree that I am voluntarily releasing health information to the SLB for the purposes of considering appropriate action on my request.