



Sick Leave Bank Form

Instructions:

1. Day and date you first stayed home or expect to stay home due to illness.
Example: Monday, April 1st.
2. Current number of personal sick days remaining-please call Jodi Peterson at 847-357-5138 for an accurate number of personal sick days.
3. First Sick Bank day-the first day and date you will have no remaining personal sick days.
4. Sick Bank day's requested - the number of days from the first Sick Bank day to the day that your doctor advises that you can return to school, if known.
5. Return date - based on doctor's recommendation.
6. Anticipated childbirth date - only applicable if using Sick Bank days for pregnancy-related illness or disability.
7. Reason for request-a doctor's note verifying a medical need for your absence is required.
8. **Copy these sheets for your records.**

*A doctor's signed verification of the need for leave is **required** in order to receive days from the Sick Bank.*

Send original form to:

Keith Lange, Sick Leave Bank Co-Chairperson, at Addams Junior High

Send a copy to:

Jodi Peterson, Personnel, at District Office



Request for Sick Leave Bank Days

Name: _____ Date: _____

School ID #: _____

Home Address: _____

Full-time: _____ Part-time/job share _____

Base School: _____

Cell Phone Number: _____

Please Read Instructions on the Back.

1. First day absent for this illness: _____

2. Current number of sick days remaining: _____

3. Date expected to begin drawing from the Sick Leave Bank: _____

4. Number of Sick Leave Bank days requested: _____

5. Date expected to return to school: _____

6. Childbirth due date (if applicable): _____

Signature: _____

Send to:

Keith Lange, Addams Junior High, 700 S. Springinsguth Road, Schaumburg, IL 60193

Questions? Contact Keith @ 847-357-2015