**Woodland Park Education Association**

**Sick Leave Bank Application**

**Employee:**

To assist the Sick Leave Bank Committee with the application, please provide the following information:

1. Briefly tell us, in the space below, why you are requesting leave days from the Sick Leave Bank.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

1. How many days are being requested from the Sick Leave Bank?

*(You may only request 25 days per application; a maximum of 45 days per school year)*

1. Include your physician’s name, facility, phone and signature. (A separate attachment with the physician’s signature is allowed)

Physician Printed Name:

Attending Physician Signature: 

Medical Facility:  Date: