

Woodland Park School District
Sick Leave Bank Application

Employee: _____

To assist the HR Department with the application, please provide the following information:

1. Briefly explain why you are requesting sick leave bank days.

2. How many days are being requested from the Sick Leave Bank? _____
(Maximum of 25 days per application; 45 days per school year)

3. Include your physician’s name, facility, phone and signature.

Physician Printed Name: _____

Attending Physician Signature: _____

Medical Facility: _____ Date: _____