

# ILSSA SICK LEAVE BANK WITHDRAWAL REQUEST

**\*\* Confidential \*\***

Employee Name: \_\_\_\_\_

I would like to withdraw \_\_\_\_\_ day(s) from the ILSSA Sick Leave Bank. (Maximum allocation at one time is 20 days with a total limit of 60 days.)

By doing so, I agree to the terms outlined in the Inter-Lakes School Board and Inter-Lakes Support Staff Association 2014-2017 Master Agreement and to the criteria (see ILSSA SICK LEAVE BANK INFORMATION document) established by the Sick Leave Bank Committee.

REASON FOR REQUEST: \_\_\_\_\_

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

START DATE OF ABSENCE: \_\_\_\_\_ ANTICIPATED END DATE: \_\_\_\_\_

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

***Note: A physician's statement must be included with this form.  
The statement should include a description of the illness  
and a prognosis for the return to work date.***

***Please submit this form and statement to the Superintendent of Schools.***