

ILEA SICK LEAVE BANK WITHDRAWAL REQUEST

**** Confidential ****

Employee Name: _____

I would like to withdraw _____ day(s) from the ILEA Sick Leave Bank. (Maximum allocation at one time is 25 days with a total limit of 100 days.)

By doing so, I agree to the terms outlined in Article 16.1.4 of the Inter-Lakes School Board and Professional Employees Agreement 2015-2017 and to the criteria (see ILEA 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.