

Calcasieu Parish School Board
Sick Leave Bank Request for Days Form
Immediate Family = Spouse, Parent or Child of Employee

Social Security Number

LAST Name

FIRST Name

Middle Initial

Street/Post Office Box

City, State, & Zip Code

Number of Days Requesting from the Sick Leave Bank: _____

The maximum number of sick leave days that may be granted to a recipient at one time shall be twenty (20) work days.

Give a description of the illness or accident related to the request for Sick Leave Bank Benefits. (Use additional sheets if necessary)

I hereby authorize the Calcasieu Parish School Board to release information from my personnel file regarding my medical history, doctor's records and/or letter, and use of sick leave in order that the Superintendent can determine if I am eligible for leave days from the Sick Leave Bank. I understand the Sick Leave Bank Policy GBRIBB and that the Superintendent's decision is final.

Employee's Signature (*or Family Member/Agent*)

Date Signed

FOR OFFICE USE ONLY

APPROVED

REJECTED

Signature of the Superintendent

Number of Days Approved: _____

Comments: _____

RETURN TO THE PAYROLL SUPERVISOR

Position (Check One)

☐

Teacher

This includes all positions where the employee must hold a valid Louisiana's Teacher's Certificate

☐

Bus Driver

☐

Other

Anyone NOT a Teacher or Bus Driver

Employment Status (Check One)

☐

Full Time

☐

Part Time