

# PASD SICK LEAVE BANK WITHDRAWAL FORM

Please complete and submit this form to Regina Parkison, Northside Elementary School, seven calendar days prior to your last accumulated sick day or personal leave day.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

BUILDING \_\_\_\_\_

POSITION \_\_\_\_\_

DATE OF ILLNESS ONSET \_\_\_\_\_

NUMBER OF ACCUMULATED SICK DAYS AS OF ILLNESS ONSET \_\_\_\_\_

NUMBER OF DAYS REQUESTED FROM SICK LEAVE BANK (maximum of 60) \_\_\_\_\_

ATTENDING PHYSICIAN \_\_\_\_\_

PHYSICIAN'S PHONE \_\_\_\_\_

PHYSICIAN'S ADDRESS \_\_\_\_\_

MEMBER'S SIGNATURE \_\_\_\_\_

**PLEASE ATTACH PHYSICIAN'S CERTIFICATION OF ILLNESS**

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bank use only

Number of days in waiting period \_\_\_\_\_ Date of return to work \_\_\_\_\_  
Date received by bank \_\_\_\_\_ Total number of days paid by the bank \_\_\_\_\_  
Date reviewed by bank \_\_\_\_\_ Authorized signature: \_\_\_\_\_  
Approved \_\_\_\_\_ Denied \_\_\_\_\_ \_\_\_\_\_