

**WILSON COUNTY SCHOOLS  
SICK LEAVE BANK  
REQUEST**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SCHOOL OR DEPT. \_\_\_\_\_

**INFORMATION REGARDING REQUEST**

DATE SICK LEAVE EXPIRED \_\_\_\_\_

NUMBER OF DAYS REQUESTED \_\_\_\_\_  
(20 days maximum)

Signature of Employee \_\_\_\_\_

Date \_\_\_\_\_

Comments

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

**APPROVAL**

(To be completed by Committee of Trustees)

Request Approved Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

**Signature of Chairperson**

Number of Days Approved \_\_\_\_\_ Effective Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Comments

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