

MTRSD Sick Leave Bank Request Form

Employee Name: _____

Position: _____ Unit: A B

Building(s) you work in: MTRS BSE CCS SAN

When did you start working in the district?: _____

Have you run out of sick time? Yes No If yes, when did you run out? : _____

If you are going to run out of sick time, when do you anticipate that happening? :

How many days are you requesting? : _____

Payroll Schedule: 22 paychecks 26 paychecks (equalized pay)

Why are you requesting time from the sick bank? (If you need more space, attach another page).

Is there anything else you would like the sick bank committee to know?

I grant the sick bank committee permission to review (check all that apply):

- Copies of medical certificates on file with the district pertaining to the current illness/injury
- Copies of attendance records pertaining to the current illness/injury
- Copies of payroll records, sick time records, and communications from the payroll department pertaining to the current illness/injury

Employee Signature: _____ Date: _____

Please return completed forms to your MDEA Building Representative or email it to

president.mdea@gmail.com