

Henderson ISD  
201902

Sick Leave Bank

DEC  
(EXHIBIT)

See the following pages for forms relating to sick leave bank:

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Exhibit B: Request for Sick Leave Bank Days— 1 page

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**SICK LEAVE BANK APPLICATION FOR MEMBERSHIP**

(Membership in the Henderson ISD Sick Leave Bank is available to all full-time employees.)

**Employee Name:** \_\_\_\_\_

\_\_\_\_\_ I do not wish to participate.

\_\_\_\_\_ I have read the rules and regulations concerning the Sick Leave Bank benefits and desire to participate by donating three (3) **local** sick leave days (to be earned this year).

I understand that these three (3) days, once donated to the Bank, will be subtracted from my **local** sick leave days available. All donations to the Bank become the property of the Bank and cannot be returned even upon cancellation of membership.

**AUTHORIZATION:**

I hereby authorize Henderson ISD to delete from my available **local** sick leave days and place three (3) sick leave days in the HISD Sick Leave Bank and, as verified by my signature below:

Employee: \_\_\_\_\_

Campus/Department: \_\_\_\_\_ Position: \_\_\_\_\_

Date of Employment: \_\_\_\_\_; Length of Time Employed by HISD: \_\_\_\_\_ years \_\_\_\_\_ months

\_\_\_\_\_  
Date: \_\_\_\_\_

Signature

Are you presently aware of any expected need for use of the Sick Leave Bank during the forthcoming or current school year?      Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

**Please return this form through school mail or hand deliver to the Human Resources Office in the Administration Building no later than \_\_\_\_\_.**



**REQUEST FOR SICK LEAVE BANK DAYS**

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

CAMPUS: \_\_\_\_\_ POSITION/ASSIGNMENT: \_\_\_\_\_

I have (or will have) used all of my available State and Local Sick Leave days for this year.

I AM REQUESTING ***SICK LEAVE BANK DAYS*** TO BEGIN:

\_\_\_\_\_ through \_\_\_\_\_  
Date Date

For a Total of \_\_\_\_\_ Days

I do \_\_\_\_\_ do not \_\_\_\_\_ anticipate needing additional days for follow-up examinations. If *yes*, please explain:  
\_\_\_\_\_

\_\_\_\_\_

The above requested days are needed for the reason of critical illness, injury, or temporary disability as described:  
\_\_\_\_\_  
\_\_\_\_\_

A statement from the attending physician is attached.

\_\_\_\_\_  
Signature Date



**FOR USE OF SICK LEAVE BANK BOARD**

**REQUEST APPROVED:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**TOTAL of \_\_\_\_\_ DAYS APPROVED, beginning** \_\_\_\_\_ **to** \_\_\_\_\_  
Date Date

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
CHAIRPERSON

\_\_\_\_\_  
Date Approved



