

***REQUEST FOR USE OF SICK
LEAVE BANK***
Please PRINT

NAME: _____ DATE: _____

ADDRESS: _____

PHONE (HOME): _____ WORK: _____

CURRENT SITE: _____ POSITION: _____

Signature: _____ Email: _____

I would like to request use of the Sick Leave Bank. I understand that I must use all of my sick leave and vacation hours before I am eligible to enter the Catastrophic Sick Leave Bank.

The Sick Leave Bank does not cover industrial accidents that occur on your job.

I am presently under the care of Dr. _____, and have attached a current doctor's note regarding my illness.

The Sick Leave Bank Committee will review your request and notify you by mail of their decision.

(The Sick Leave Bank Committee keeps all information confidential)

Please return this request form with your doctor's note to:

Barbara Ochoa
Ventura Unified School District
Purchasing Department
255 West Stanley Ave, Ste. 100
Ventura, CA 93001
(805) 641-5000 Ext. 1309

<i>SLB use only</i>	
<i>Date Received</i>	
<i>Doctor's note included?</i>	
<i>Yes</i>	<i>No</i>