Sumner County Education Services Interlocal, 619

201 N. B St.

Wellington, KS 67152

620-326-8935 FAX 620-326-6496

**SICK LEAVE BANK APPLICATION**

|  |  |
| --- | --- |
| Name: | Date: |
| Date Requested: |
| Reason for Leave: |

|  |  |
| --- | --- |
| Physician’s Signature (if appropriate) | Date: |
| Physician’s comments (if appropriate) |

**Sick Leave Bank Action Committee**

|  |
| --- |
| Days Granted: |
| Committee’s Comments: |

|  |  |
| --- | --- |
| Signature: | Date: |
| Signature: | Date: |
| Signature: | Date: |
| Signature: | Date: |
| Signature: | Date: |
|  |  |