



# Lake Pend Oreille School District #84

901 Triangle Drive • Ponderay, Idaho 83852  
Main: (208) 263-2184 • Fax: (208) 263-6732  
Website: www.lposd.org

## SICK LEAVE BANK APPLICATION FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

I am an eligible employee and wish to make application for \_\_\_\_\_ days of sick leave from the Sick Leave Bank for the following reason (use back side if needed):

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

I have fulfilled the required guidelines as marked below:

- Exhausted all accumulated leave.
  - One day of unpaid leave, list date \_\_\_\_\_
- REQUIRED:** Healthcare provider's note is attached.

I understand that if this Sick Leave Bank application is approved, and I receive compensation for this same period from Workers' Compensation or Disability insurance, the District claims the right to receive reimbursement for those items.

Employee Signature (or designee) \_\_\_\_\_

**NOTE: Return this form to Payroll in the District Office**

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**OFFICE USE ONLY:**

The above individual has met the required guidelines  Yes  No

Payroll Specialist Signature \_\_\_\_\_

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**SICK LEAVE BANK COUNCIL RECOMMENDATION**

The Sick Leave Bank Council met on \_\_\_\_\_

The request for \_\_\_\_\_ days has been  Approved  Denied

If approved: From \_\_\_\_\_ to \_\_\_\_\_

Reason for denial: \_\_\_\_\_

Chairman's Signature: \_\_\_\_\_

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



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Cc: Employee  
Payroll

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