



COPPELL INDEPENDENT SCHOOL DISTRICT

### Sick Leave Bank Application

_____	_____	_____
Name	Employee ID #	Date
_____	_____	
Position/Assignment	Campus/Department	

I have ( ) or have not ( ) received an award from a Sick Leave Bank for this same catastrophic condition prior to this request. *(check one)*

Length of time employees by CISD: \_\_\_\_\_ years \_\_\_\_\_ months

Days absent during the current school year: \_\_\_\_\_

\_\_\_ I have donated one of my local sick leave days and I am a member of the Sick Leave Bank.

#### Reason for Requesting Sick Leave Days

My last day of work was: \_\_\_\_/\_\_\_\_/\_\_\_\_

For purposes of the Sick Leave Bank, pregnancy and elective surgery are not considered catastrophic conditions, except when life-threatening complications arise from them

\_\_\_\_\_ I have (or will have) used all my available state personal and local sick leave days for this year.

Number of days requested from the Sick Bank: \_\_\_\_\_

Bank days should begin on this date : \_\_\_\_/\_\_\_\_/\_\_\_\_

The above requested days are needed for the reason of illness, event or injury as described below:

---



---



---

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

**NO INCOMPLETE APPLICATION WILL BE REVIEWED WITH THE COMMITTEE.**

Please return this form to Kristine Long, Substitute and Leave Specialist at [klong@coppellisd.com](mailto:klong@coppellisd.com) or return it to the Vonita White Administration Building at 200 S. Denton Tap Road Coppell, Texas 75019

