

# ORE CITY INDEPENDENT SCHOOL DISTRICT

## Request to Utilize Sick Leave Pool

Name \_\_\_\_\_

### Eligibility Check List

Have you exhausted all accrued sick, vacation, compensatory, and vacation or non-duty days?

Yes

No

If yes, please continue.

Do you believe you meet the criteria for approval as stated in board policy DEC (LOCAL)?

Yes

No

If yes, please continue.

How many days are you requesting to be awarded? (There are limits stated in the policy)

\_\_\_\_\_

Briefly provide sufficient information regarding the illness or condition you believe qualifies for utilization of the Sick Leave Pool. Please attach a written statement from a licensed practitioner who is treating you or the qualifying member of your family.

Forward this form and supporting documentation to the Superintendent. Please see local board policy and the attached procedures for detailed information on the use of the Sick Leave Pool.

Employee \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_