ESSA Sick Leave Bank Committee



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SLB GRANT REQUEST

	UESTS WILL ONLY BE AC		E H SUPPORTING DOCUMENTS. D RETURN TO WORK DATE.
qualifications as spelled of i. "Sick Leave Bank", page time I send in my SLB Gran member of the sick leave bank I must have exhausted into unpaid leave (LWOP) doctor's certificate verifyin Form is completely fi	tout in the current N es 29 -31. I must als t Request and meet all accrued sick leave for at least five workin g the need for leave w lled out and sent in w required to provide the	egotiated as all requirement and personate g days without the beginning with requirement as same document.	mentation for any use of the Sick Leave Bank
·	THE FOLLOWING S		G DOCUMENTATION WITH THIS
Doctor's note Obituary notice Other			
circle	one or write in what docu	mentation has	been provided
My first day off of work was:		I expect to return to work on : (REQUIRED DATE)	
My F# is:	My work Location is:		My Job Position is:
My work hours per day are:	My work week is:		I work the following:
	Mon-Fri or Sun-Thurs (Circle one)		9/10 months or 12 months (Circle one)
Mailing Address:		Email Address: personal /school. The one checked most often	
Signature:		Contact Phone # :	

The SLB committee meets every two weeks on Wednesdays of non-payday weeks. Forms must be received before 5pm on Tuesday, of a non-payday week, in order to be reviewed that week. The SLB Committee will send you an email after they meet to let you know if you qualify and if so, how many hours are granted.

Revised 02/10/2025