

APPENDIX 10

APPLICATION FOR USE OF PERSONAL LEAVE BANK

Employee Name: _____

Date: _____

I would like to be considered for eligibility for use of paid leave from the Personal Leave Bank, pursuant to Article 8, Paragraph N, of the contract.

I CERTIFY THAT I HAVE EXHAUSTED ALL OF MY SICK LEAVE ACCUMULATION, INCLUDING SICK LEAVE ADVANCES, AND VACATION DAYS, AND I MUST HAVE A SERIOUS OR CATASTROPHIC ILLNESS OR INJURY, EITHER PERSONALLY OR IN MY IMMEDIATE FAMILY.

Employee Signature

Date

Superintendent Signature

Date