ROCK HILL SCHOOL DISTRICT THREE OF YORK COUNTY

Personnel Department

P. O. Drawer 10072

Rock Hill, South Carolina 29731

**(803) 981-1024 (Phone)**

**(803) 981-1025 (Fax)**

**SICK LEAVE BANK**

**APPLICATION FOR SICK LEAVE DAYS**

|  |  |  |  |
| --- | --- | --- | --- |
| Today’s Date: | Date Leave Began: | | # Days Out as of Today: |
| Employee Name: | | | |
| Position: | | Location: | |
| Reason for Request of Additional Sick Leave: | | Have you received days from the sick bank this year? If so, how many? | |
| Why do you believe this reason meets the definition of catastrophic? | | | |
| **#** of Requested Days: | | Employee  Signature: | |

**SUPPORTING DOCUMENTATION FROM YOUR PHYSICIAN MUST BE ATTACHED.**

For Office Use Only – Do Not Write Below

|  |  |
| --- | --- |
| Check one:  ApprovedNot Approved | |
| Number of Days Approved: | Length of Time (dates from when to when): |
| Sick Leave Bank Chairman’s Signature: | |
| Date: | |