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:**[ ]** Approved**[ ]** Not Approved |
| Number of Days Approved: | Length of Time (dates from when to when): |
| Sick Leave Bank Chairman’s Signature: |
| Date: |