New Caney Independent School District Sick Bank

Request to Use Sick Bank Days

Please complete this form and forward to Jessica Morris in the Human resources Department.

Campus/Dept _____ **Employee ID#** _____

NAME _____
First Middle Last

ADDRESS _____
Street or Post office Box

_____
City State Zip

HOME PH _____ **CELL PH** _____

I, the undersigned, am a member of the New Caney Independent School Districts Sick Bank Program. I hereby request the use of days from the bank per the attached medical documentation. I understand that first year members are limited to a maximum of 10 days from the bank and previous year member are eligible for up to 25 days.

_____ _____
Date Signature

Please note, this form will not be submitted to the Sick Bank committee for approval until the proper medical documentation has been received in Human resouces.

For use by Payroll Personnel only:

Sick Bank: **Eligible for** [ ] **Days**

Pay date _____	Used _____	Days			Dates Covered:	_____
Pay date _____	Used + _____	Days =	_____		Dates Covered:	_____
Pay date _____	Used + _____	Days =	_____		Dates Covered:	_____
Pay date _____	Used + _____	Days =	_____		Dates Covered:	_____

Revised 2/18/13