



MOUNTAIN HOME SCHOOL DISTRICT

Sick Leave Bank Withdrawal Request

Directions: Please complete this form and provide supporting documents as stated below as well as a personal letter explaining the nature of your request.

Name _____

Principal /Supervisor _____

Building / Department _____

Dates of Absence From: _____ to: _____

Number of Days Requested from the bank: _____

Number of Days Previously Requested and the Year/s Requested: _____

For immediate surgery, please attach TWO physician's documentation. _____

One physician's detailed statement is required for other requests. Please attach to this form. _____

Have you received compensation from other government agencies? _____ Yes _____ No
If yes please explain.

Have you retired or T-Dropped with ATRS or APERS _____ Yes _____ No

Are you eligible for SS Disability? _____ Yes _____ No

Are you eligible for other Disability Insurance? _____ Yes _____ No

Employee Signature _____

Date _____

Disapproved due to: _____

Approved Number of Days: _____