



Madison City Schools

Application for Leave from the Sick Leave Bank

Name _____ Employee ID # _____

Position _____ School/Work Site _____

Employee's Immediate Supervisor _____

Amount of Leave Requested (not to exceed 15 days) _____

Effective Date Leave is Needed _____

Reason for Requesting Leave (use second sheet of paper if necessary)
Additional documentation may be requested by the Sick Leave Bank Committee.

Signature _____ Date _____

- * This form must be submitted to the Chairman of the Sick Leave Bank Committee – Dr. Daphne Jah- West Madison Elementary School
- * This form should be submitted before taking leave.

(for office use only)

_____ This leave has been approved by the Sick Leave Bank Committee.
_____ This leave has not been approved by the Sick Leave Bank Committee.

Date received by the Committee _____

Signature of Committee Chairperson _____