

ANTHONY INDEPENDENT SCHOOL DISTRICT  
Sick Leave Approval Form  
2009-2010 SCHOOL YEAR

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

SCHOOL/DEPARTMENT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

The Anthony Independent School District Sick Leave Bank Committee has reviewed your application for Sick Leave Bank benefits. Your application has been:

Approved [Days Approved: \_\_\_\_\_ ]

Denied:

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Approved: Sick Leave Bank Committee Chairperson/Date:

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