

Coffee County Board of Education  
**Sick Leave Bank Request Form**

*Fill out this form completely and return to the Central Office.  
If you will be absent more than 10 days you must see Human Resources to  
complete a Leave of Absence/FMLA request along with this form.*

Name \_\_\_\_\_  
                    *Last*  *First*  *Middle*

Social Security Number (Last 4) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
                    *Street*  *City/State*  *Zip*

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

School \_\_\_\_\_ Number of days desired from sick leave bank \_\_\_\_\_

Date desired leave begins \_\_\_\_\_ Date desired leave ends \_\_\_\_\_

Attending Physician \_\_\_\_\_

Address & Phone \_\_\_\_\_

Reason for sick leave bank request \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Approval to be completed by Sick Leave Bank committee*

Request Approved Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Days Approved \_\_\_\_\_

Effective Sick Leave Date from \_\_\_\_\_ to \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

Signature of Chairperson \_\_\_\_\_ Date \_\_\_\_\_