



**OHIO COUNTY SCHOOLS  
2203 NATIONAL ROAD  
WHEELING, WV 26003**

**CAREGIVERS LEAVE BANK REQUEST FORM**

This is an official request to be granted days from the Ohio County Caregivers Leave Bank.

Please describe the illness for which the requested days are needed:

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Anticipated date of return to work \_\_\_\_\_

Number of days requested \_\_\_\_\_

\_\_\_\_\_  
Caregivers Bank Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

NOTE: The committee reserves the right to request additional information prior to approval.

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(To be completed by the Caregivers Leave Bank Administering Committee)

Number of days granted \_\_\_\_\_

Inclusive dates \_\_\_\_\_

\_\_\_\_\_  
Caregivers Leave Bank Committee Chairperson Signature

\_\_\_\_\_  
Date

After approval by the committee, one copy will be returned to the employee requesting the days and one copy will be sent to the Payroll Department.