



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

SICK LEAVE BANK REQUEST FORM

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

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

Anticipated date of return to work _____

Number of days requested _____

Sick Leave Bank Member Signature

Date

Physician's Signature

Date

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

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

Number of days granted _____

Inclusive dates _____

Sick 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.