

***New Lebanon Central School District
And
New Lebanon Teachers Association***

SICK BANK REQUEST FORM

Name: _____

Address: _____

Building and/or Department: _____

Home Phone: _____

REQUEST

Start Date: _____

End Date: _____

Estimated Return to Work Date: _____

Attending Physician: _____

I have attached my Physician's statement (check mark if appropriate)

Comments:

Member Signature

Date

DECISION*

Request Approved: _____
District Representative NLTA Representative

Number of Days Approved: _____

A Physicians statement has been received

Request Denied: _____
District Representative NLTA Representative

Reason for denied request:

- ___ copy to NLTA sick bank coordinator (K. Bove)
- ___ copy to NLTA president (B. Vaillancourt, Ben Long)
- ___ copy to respective NLTA building representative
- ___ copy to district Payroll representative
- ___ copy to requesting member