

**CUBA-RUSHFORD CENTRAL SCHOOL**  
**REQUEST FOR SICK BANK APPROVAL**

**Request must be approved in advance for usage by the Superintendent and Union President**

Unit: ( ) CRESPA                      ( ) CRTA                      Date: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Job Title: \_\_\_\_\_

Type of Injury/Illness:

- |  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> Serious trauma/catastrophic illness               | Will not exceed 40 working days |
| <input type="checkbox"/> Complex surgery                                   | Will not exceed 30 working days |
| <input type="checkbox"/> Routine surgery                                   | Will not exceed 20 working days |
| <input type="checkbox"/> Injuries/ailments treated by general practitioner | Will not exceed 10 working days |

Beginning & Ending Dates of Time off request:

\_\_\_\_\_ to \_\_\_\_\_

Anticipated Sick Bank Days needed: \_\_\_\_\_                      From: \_\_\_/\_\_\_/\_\_\_    To: \_\_\_/\_\_\_/\_\_\_

Brief Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please supply Physician's Note with this form if it has not been turned in yet.*

( ) Note supplied

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

Approved:	
_____	_____
Superintendent	Date
Approved:	
_____	_____
Union President	Date

Cc: Payroll  
Personnel File