

**SICK LEAVE BANK**

**REQUEST FOR WITHDRAWAL OF DAYS**

Please make application, if possible, two weeks prior to the date when your personal leave expires.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

School/Job assignment: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Employee #: \_\_\_\_\_

I hereby apply for the withdrawal of \_\_\_\_\_ days (up to a maximum of 30 days) from the Raleigh County Board of Education Sick Leave Bank. On \_\_\_\_\_ my accumulated personal leave will be exhausted, and on \_\_\_\_\_, I will have gone three (3) days without pay.

I am applying for sick leave for the following reasons:

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

Please attach a statement from your physician which documents the need for your request.

**RALEIGH COUNTY BOARD OF EDUCATION  
SICK LEAVE BANK**

**PHYSICIAN'S STATEMENT**

I hereby certify that (Patient's Name) \_\_\_\_\_  
is unable to work due to personal incapacitation. The approximate date patient will be  
considered able to return to work is \_\_\_\_\_.

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

\_\_\_\_\_  
Telephone Number