



Somerset Public Schools
Somerset Berkley Regional School District
All Students Achieving Excellence

PARAPROFESSIONAL SICK LEAVE BANK REQUEST FORM

Date of Application: _____ **Date of Hire:** _____

Name: _____ **Job Title** _____

Mailing Address: _____

Street or Box Number

City

State

Zip

() _____

Home Phone Number

Work Location

Personal e-mail Address

I am applying for time to be granted to me from the Sick Leave Bank. I also understand that if I did not contribute days, I cannot request or be granted days from the Sick Leave Bank. Attached is the **Doctor's Certificate and statement** from my physician and my **Family and Medical Leave Application**.

I request leave from _____ to _____.

The total number of hours/days of Sick Leave Bank that I request is _____.

Nature of illness or Injury _____.

For determination of eligibility, please answer each of the following questions.

YES

NO

Is this your first claim for this particular situation?

Have you used the sick bank before?

Have you exhausted all of your accrued sick/personal/vacation leave days?

Have you attached to this application a signed statement from your Physician along with the FMLA application?

Are you currently receiving disability or Workers Compensation?

Employee's Signature _____ **Date** _____

Submit this request to the Sick Leave Committee c/o of the Superintendent's Office. Use of the sick leave bank counts towards FMLA leave.

Approval

Request Approved ___ Yes ___ No Chairperson _____ Date _____

Comments _____