

Coshocton City Schools
Sick leave Bank Request Form

Name _____ Date _____

Illness/Injury of:

- Employee
- Spouse
- Child
- Step-Child (Who resides in Employee's home)

Description of Illness/Injury

* Doctor's statement attached

Number of days requested: _____
(Not to exceed 20 days)

Request number this school year _____

Signature of Employee Date

Date Received

- Approved
- Denied Reason _____

Signature of Superintendent Date

See other side

Coshocton City Schools

If request is denied by superintendent, appeal may be made to the insurance committee

Reviewed by Insurance Committee

_____ Date

Results of review/appeal

Approved

Denied

Date _____

Date _____

Payroll Use Only

Total number of days approved: _____

Dates Taken:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____