

ICHABOD CRANE CENTRAL SCHOOL TEACHERS' ASSOCIATION

REQUEST FOR WITHDRAWAL OF SICK DAYS

**TO: SICK LEAVE BANK COMMITTEE
ICHABOD CRANE CENTRAL SCHOOL**

FROM: _____ DATE: _____

SCHOOL BUILDING: _____

As a member enrolled in the Sick Leave Bank, I find that I have used up all my accumulated sick days and therefore, I request that _____ days of Sick Leave be withdrawn from the Sick Leave Bank in my name to cover extended illness or disability from:

_____ to _____

A teacher shall be required to submit a physician's statement indicating nature of illness and the number of days that teacher is to be or was absent due to illness. Physician's statement may be required periodically.

Signature