



New Braunfels ISD Request for Sick Leave Bank Days

Employee Name _____ Employee ID # _____

Position: _____ Campus _____

Reason for Requesting Sick Leave Bank Days:

- Catastrophic Illness/Injury
- Catastrophic Illness/Injury of immediate family member. Relationship: _____
- Bereavement for immediate family member. Relationship: _____

In your own words, describe the nature of the catastrophic illness/injury: _____

Number of days I am requesting from the SLB: _____

Last day actively at work: _____

SLB Days should begin: _____

I have (or will have) used all of my available state and local sick leave days for this year.

A statement from my physician is attached.

To my knowledge this condition did not exist on the day I joined the NBISD Sick Leave Bank. I acknowledge all statements provided on this application are true to the best of my knowledge and I authorize the release of my medical records to the Sick Leave Bank Board of Directors.

Signature

Date

PLEASE COMPLETE AND RETURN TO THE HUMAN RESOURCES OFFICE

FOR HR OFFICE USE ONLY CLB Member: ____ Yes ____ No Date joined CLB: _____
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