

**ATA Sick Leave Bank
Application for Sick Days**

Teacher's Name _____

Date _____

Work Location _____

I am applying for available sick leave bank days due to: _____ my own illness
_____ illness of immediate family member

If you checked the illness of immediate family member, please identify the employee's relationship to the family member:

- Spouse
- Child
- Parent
- Other dependent living in your home – Please explain below:

- Parent-in-law
- Son-in-law
- Daughter-in-law

Please list your anticipated date of return to work per your (family member's) doctor: _____

A DOCTOR'S CERTIFICATE OF PROLONGED ILLNESS OR HOSPITALIZATION, INCLUDING THE DATE THAT THE TEACHER IS ANTICIPATED TO RETURN TO WORK, MUST BE ATTACHED.

I acknowledge that the completed application and supporting medical documents will be given to the ATA Vice President for Committee consideration.

Teacher's Signature

Date

RETURN COMPLETED APPLICATION TO THE BENEFITS MANAGER

DO NOT WRITE IN THIS SPACE BELOW – OFFICE USE ONLY

Date when this employee has used all available compensation days: _____

Number of available Sick Leave Bank Days to eligible member if the Sick Leave Bank Committee approves this application: _____

Approval Date: _____

Declined Date: _____