**Warren Woods Public Schools**

**MEA-NEA Local 1**

**Sick Bank Request Form**

Please complete the employee portion (section I) and send to your Union Representative.

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| Employee Section I | | | | | | | | | | | | | | | | |  |  | | | | |
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| **Name** | | |  | |  | |  | | | | |  | | | | |  | **Date** |  | | |  |
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| **Building** | | | |  | |  | | |  | |  | | | | | |  | **Employee Number** | |  | | |
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| **Number of Sick Bank Days Requested.** | | | | | | | | | | |  | | | |  | |  |  |  |  | | |
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| MEA Section II | | | |  | |  | | |  | |  | | | | | |  |  |  |  | | |
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| **Number of Sick Bank Days Approved** | | | | | | | | | | |  | | | | |  |  |  |  |  | | |
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| **MEA Officer Approval Signature** | | | | | | |  | | | | |  | | | | |  | **Date** |  |  | | |
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| HR Section II | | | |  | |  | | |  | | | |  | | | |  |  |  |  | | |
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| **Number of Sick Bank Days Used** | | | | | | | |  | | | | |  |  | | |  |  |  |  | | |
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| **HR Signature** | | | | | | |  | | | | |  | | | | |  | **Date** |  |  | | |
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