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