



Department of Human Resources
9361 South 300 East, Sandy, Utah
84070 (801)-826-5452

Request for Employee-Funded Sick Leave

Submit with FMLA Paperwork to Kim McCluskey in HR

Name: _____ Employee ID #: _____

Home Address: _____

City, State, Zip Code: _____ Phone Number: _____

Email Address: _____

School/Department: _____ Assignment: _____ Hire Date: _____

Last working day before leave is to begin: _____ Number of days requested: _____

Employee-Funded Sick Leave Bank is designed for serious, unanticipated, long-term illnesses. Employee-funded Sick Leave Bank is not intended to be used for in-and-out absences, elective medical procedures or other medical care that could be scheduled during non-contracted time.

In order to be eligible for the Employee-Funded Sick Leave Bank you must have:

- Donated one day of Sick leave to the Employee-Funded Sick Leave Bank for the school year in which they are applying; and
- Exhausted all accrued sick, family, vacation and personal days (Maximum of five); and
- Medical certification bearing an original signature from your doctor must accompany this request.

Have you received sick bank compensation during the last four years? Yes No

I hereby agree to repay any compensation paid from the Employee-funded Sick leave Bank at my daily rate of pay, if I terminate my employment with the district for other than medical reasons before completion of the current and succeeding contract year. (By printing your name, you agree the information in this form is accurate)

Employee's Signature

Date