

**HOLLAND EDUCATION ASSOCIATION REQUEST FOR SICK LEAVE BANK DAYS
2016/2017 SCHOOL YEAR**

Thank you for applying to sick bank. The sick bank is part of the benefit package negotiated for you by the Holland Education Association (HEA). Sick bank days were donated by your fellow HEA members. Please consider thanking a negotiator and/or a donating member.

Today's Date: _____

Name: _____

Home Address: _____

Home Telephone number: _____

E-mail address: _____

Four-digit phone # at school _____

Assigned school(s): _____

Assigned grade and/or subject of teaching: _____

Are you a member in good standing? Yes No

Reason for requesting sick bank days: (a) illness (b) injury (c) maternity
(d) other _____ Please circle (a) (b) (c) or (d)

How many sick days do you have remaining as of today's date? _____

(You will exhaust all of your sick leave days and go five days without pay before going on sick bank days.)

List the five (5) dates that you estimate will be the days of your unpaid absence:

(These are approximate dates if you are not exactly sure when your absence will begin.)
Please be aware of the following language, taken from our current contract: "sick leave bank shall be available until a teacher is eligible for long term disability (p. 25-26)." If you have questions, please feel free to e-mail or call your Sick Bank representative, Jillayne Wallaker (jwallake@hollandpublicschools.org).

Signature _____ (Type signature if e-filing)

Please submit this request on paper to: Jillayne Wallaker
Holland Education Association
East K-7