



# 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.

Employee Section I

Name \_\_\_\_\_

Date \_\_\_\_\_

Building \_\_\_\_\_

Employee Number \_\_\_\_\_

Number of Sick Bank Days Requested. \_\_\_\_\_

MEA Section II

Number of Sick Bank Days Approved \_\_\_\_\_

MEA Officer Approval Signature \_\_\_\_\_

Date \_\_\_\_\_

HR Section II

Number of Sick Bank Days Used \_\_\_\_\_

HR Signature \_\_\_\_\_

Date \_\_\_\_\_