



Administrative Office
P.574.936.3115 • F.574.936.3160
611 Berkley Street • Plymouth, IN 46563

Office of the Superintendent

Sick Leave Bank Application

Date: _____

I, _____ wish to apply for sick day benefits from the corporation sick leave bank. I wish to request _____ days to be repaid according to the master contract.

Please list dates of absences _____

Signature of Applicant

A copy of the physician's certificate must be attached.

This employee is **eligible**/ineligible for benefits.

Personnel & Benefits Coordinator

Per Master Contract, Article XI, Section 3:

Written application by the teacher or a member of his/her family accompanied by a physician's certificate, or other approved medical documentation as determined by the committee, stating the nature, length of disability, and prognosis of the person's condition shall be submitted to the Chairman of the Sick Leave Bank Committee. All medical information concerning an applicant shall be held in strict confidence by the Committee.