



**Rome City School District Sick Leave Bank  
Sick Leave Bank Request Form**

To be filled out by the teacher and sent to the Human Resources Department when requesting time. *(Applicants are asked to carefully read Article 34 (Sick Leave) of the Teachers' Contract.)*

Thank you.

Date of Application:

Are you a member of the Sick Leave Bank?

Yes  
 No

1. Name of Teacher applying for time:

2. Home Address:

Home Telephone Number:

3. School:

4. Physician's Name:

5. Physician's Address:

6. Physician's Phone #:

6a. Amount of time requested:

From:

To:

7. Last day you worked before becoming ill:

8. Do you have a source of income such as income protection and/or accident and health insurance which would provide an income equal to or greater than your teaching salary?

Yes  
 No

9. If the answer to (8) is YES, please provide particulars.

10. In the space below, please write a statement explaining the reasons for your request. Include any information about your illness/injury which might assist the Bank in its decision.

*I have read Article 34 of the Rome City School District Teachers' Contract and feel I am eligible for additional sick leave in accordance with the specifications therein. I have forwarded a copy of the "Attending Physician's Verification Form" to my physician, who has agreed to cooperate with its completion.*

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*