

MADISON COUNTY PUBLIC SCHOOLS
60 School Board Court
Madison, Virginia 22727

Sick Leave Bank Use Form

Employee Name: _____
(Last) (First) (Middle)

Date: _____

Assignment: _____ School/Location: _____

Number of Sick Leave Bank Days Requested: _____

Beginning Date of Leave: _____

Nature of Illness or Accident: _____

Signature of Member or Designee: _____

This request for use of the sick leave bank must be accompanied by a written statement from a physician supporting the member's need.

Authorized: _____ Date: _____

Unauthorized: _____

Signature: _____
Assistant Superintendent or Sick Leave Bank Administrator