

Elko County School District



Superintendent's Office

Telephone: (775) 738-5196
Fax: (775) 738-5857 • (775) 738-0808
P.O. Box 1012 • Elko, Nevada 89803

SICK LEAVE BANK ASSISTANCE APPLICATION **(Maximum For this Application is 20 Days)**

Name: _____

Address: _____

Employee ID Number: _____

Telephone Number: _____

School Assisgnment: _____

I, the Undersigned, agree to have the Elko County School District release information verifying the number of sick leave days I have remaining and any records pertaining to my sick leave utilization. I understand this will be on a confidential basis and will only be used by the Sick Leave Bank Committee.

I have read Sick Leave Bank Procedures and understand the procedures in place and, if I disagree with the decision, I may request that the committee reconsider its decision, **ONLY IF I HAVE NEW INFORMATION/DOCUMENTATION TO SUBMIT TO THE COMMITTEE.**

I also understand that the decision of the Sick Leave Bank Committee is final and agree to abide by their decision in granting or declining my request.

Information regarding your circumstances and any supporting documentation must be completed on the attached form.

Applicant's Signature _____

Date _____

Elko County School District



Superintendent's Office

Telephone: (775) 738-5196
Fax: (775) 738-5857 • (775) 738-0808
P.O. Box 1012 • Elko, Nevada 89803

SICK LEAVE BANK ASSISTANCE APPLICATION - PART II

Please fill out all information requested below:

What is the reason for needing this sick leave? _____

How much leave are you requesting (Up to 20 Days)? _____

Have you attached documentation from your doctor? Yes _____ No _____

NOTE: It is the applicant's responsibility to provide documentation from their physician.
No decision will be made until this documentation is provided.