

# C O N F I D E N T I A L

**Please print or type.**

Date: \_\_\_\_\_

Number of Days Requested: \_\_\_\_\_

Estimated Length of Illness/Injury: \_\_\_\_\_

**Reason/Explanation (Note: Only severe or disabling long-term illnesses are eligible)**

- ***Do not include your name or school site on this side of form.***
- Attach doctor's verification of disability or illness.
- If you need more space, please use another piece of paper.

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**IMPORTANT: PLEASE FILL OUT REVERSE**

**OFFICE USE ONLY**

Date Received by FUDTA: \_\_\_\_\_ Case #: \_\_\_\_\_

Sick Leave Bank Number: \_\_\_\_\_ Active \_\_\_\_\_ Reserve \_\_\_\_\_

Regular Sick Leave Days Remaining \_\_\_\_\_ as of (date) \_\_\_\_\_

Differential Sick Leave Days Remaining \_\_\_\_\_ as of (date) \_\_\_\_\_

**COMMITTEE DECISION:**

Request Approved for (# of days): \_\_\_\_\_

Request Denied: \_\_\_\_\_

**Specifics of Approval OR Explanation of Denial:**

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**Date of Review and Decision:** \_\_\_\_\_

**Initials of SLB Committee:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**SS#:** \_\_\_\_\_

**School Site:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE FILL OUT REVERSE**