

NEKESC Sick Leave Bank Request

Please submit the completed form with attached doctor's statement to:

Krystal Porter, Clerk of the Board
Northeast Kansas Educational Service Center
1220 Walnut Street
Oskaloosa, KS 66066

Please read the above regulations that appear in the master agreement. The request will be discussed at the June board meeting before the meeting starts.

Name _____

Date of request: _____

I have exhausted my sick and personal leave days, meet the guidelines for use through illness or accident, and need to borrow sick leave days to use in place of duty days for which I will lose pay.

I understand I will reimburse the sick leave bank through the procedure described in the master agreement.

Please specify dates for which the bank days are being requested. (Don't include non-contract dates or days.)

Dates: _____ (How many days? _____)

Days lost due to unexpected illness or accident concerning (doctor's validation attached):

_____ myself
_____ spouse
_____ my parent
_____ my child

Do I already owe days? _____ How many? _____

Employee name and signature: _____(signature)

_____ (print)