

Altoona Area School District

Sick Leave Bank

Application for Use of Sick Leave Bank Days

Name: _____
Position: _____
Building: _____

1. I am requesting that I be granted sick leave days from the Sick Leave Bank as established in the professional agreement between the Altoona Area School District and the Altoona Area Education Association.
2. I am requesting that the sick leave days from the Sick Leave Bank begin on _____.
3. By submitting and signing this application, I attest to the following:
 - a. I shall have exhausted all of my accumulated sick leave and personal leave days by the date for which I am applying for Sick Leave Bank days.
 - b. I am suffering from a serious long-term illness or disability which precludes my attending school.
 - c. With this application, I am submitting a physician's statement verifying the seriousness of my illness or disability and attesting to my inability to work.
 - d. I am not presently receiving Workmen's Compensation benefits due to a work related illness or disability.
4. I understand that all Sick Leave Bank days shall cease when I return to work or am declared fit to work by my physician.
5. I understand that Sick Leave Bank days shall be paid to me at my full salary as determined by the current salary schedule.
6. I understand that there shall be no limit to the number of times that I may apply for Sick Leave Bank days.
7. I agree to indemnify, save, and hold harmless the Altoona Area School District and its agents of and from any and all claims, demands, suits, or other forms of liability at law or equity, including legal fees and court costs, which shall or may arise from, or by reason of the application of this policy.

Date

Signature of Sick Leave Bank Member

___ Approved

___ Disapproved

Date

Signature of Chairman of Sick Leave Bank Committee