

## MASTER SICK BANK APPLICATION

**TO:** Master Sick Bank Committee Chairperson

**RE:** Obtaining days from the Master Sick Bank

I, \_\_\_\_\_, am anticipating the need for days from the Master Sick Bank. A copy of my physician's statement verifying my illness and anticipated absence duration is attached.

\_\_\_\_\_  
Teacher's signature

**For Master Sick Bank Committee use only.**

(Three committee members and the Troy Education Association President or MEA Uniserv Director must approve.)

The Master Sick Bank Committee approves the necessary number of days from the Master Sick Bank to the above named teacher. The number of days will be the difference between the teacher's accumulated leave and the 60<sup>th</sup> calendar day of absence.

\_\_\_\_\_  
Teacher Committee Member

\_\_\_\_\_  
Administrative Committee Member

\_\_\_\_\_  
Teacher Committee Member

\_\_\_\_\_  
Administrative Committee Member

\_\_\_\_\_  
Teacher Committee Member

\_\_\_\_\_  
TEA President or MEA Uniserv Dir.

\_\_\_\_\_  
Date

**For Personnel Department use only.**

Last pay date: \_\_\_\_\_

Teacher's available leave: \_\_\_\_\_ sick days \_\_\_\_\_ personal business days.

(Note: balances shown generally do not include absences in the week the paycheck was issued.)

Sixtieth calendar day of absence: \_\_\_\_\_

Teacher workdays needed from the Master Sick Bank: \_\_\_\_\_

\_\_\_\_\_  
**A copy of this completed form will be sent to the Master Sick Bank Committee Chairperson.**