## RCM CONFIDENTIAL SICK LEAVE BANK REQUEST FORM

Please return completed form and appropriate medical documentation to the School Office Print Employee's Name Position Date(s) Absent: Number of Days: Are you currently being treated by a physician? Have you attached medical documentation or paperwork indicating need for time requested? Briefly describe the nature of your illness and the circumstance that caused you to make this request: (Please attach another piece of paper if additional space is needed) Have you used all of your accumulated sick, personal, non-contract, and vacation days? How many sick days have you used this year? Have you ever applied to the Sick Leave Bank Before? If yes, please explain circumstances, when, and how many days you were granted. **Authorization for Release of Medical Information** I authorize the use or disclosure of my health information to authorized members of the RCM Sick Leave Bank Committee. I understand this information will be used to determine my eligibility for withdrawing days from the sick bank. Employee Signature Date Committee Use Only: Date Considered \_\_\_\_\_ Approved Not Approved

Number of Days Approved: