

Okeechobee County School Board

**Employees Sick Leave Bank Program
Approval/Denial**

Name _____ Work Location _____

Payroll/Personnel Verification

Is Is Not → a participating member of the sick leave bank.

Has Has Not → been absent without pay at least 10 consecutive workdays as a result of the illness or injury listed on application.

→ Number of days previously used from the sick leave bank.

In accordance with School Board policy, this employee is eligible to draw _____ days from the sick leave bank beginning _____.

Payroll/Personnel Officer _____
Signature _____ Date _____

Approved

Date of Approval _____ **Number of Days Approved** _____

Beginning: _____ Ending: _____

Committee Member Signatures: (Must be a minimum of five (5) signatures.)

Denied

Date of Denial _____ **Reason for Denial:** _____

Committee Chairman Signature _____ Date _____