

KING GEORGE COUNTY PUBLIC SCHOOLS
SICK LEAVE BANK APPLICATION FOR BENEFITS

Name: _____
(Last) (First) (Middle)

Social Security Number: _____

School/Department: _____

Doctor's Note Attached: Yes _____ No _____
(Note: See requirements in By-Laws, Page 2, Number 6)

First Day Of Sick Leave: _____

Present Date: _____ Workmen's Compensation Claim? Yes _____ No _____

Any Other Application Within This School Year? Yes _____ No _____

For Advisory Committee Use Only:

Date Received: _____ Date Approved/Disapproved: _____

Reasons: _____

Approved Through (Date): _____

Note: Extension Requires A Doctor's Certificate

To Applicant:

Name: _____
(Last) (First) (Middle)

Date Application Received: _____ Notification Date: _____