

TRUMBULL COUNTY BOARD CLASSIFIED STAFF ASSOCIATION

Sue Hartman, President

Joellen Manz, Vice President

Application to Use Days from the Sick Leave Bank

(File in Triplicate)

I apply to use _____ hour(s) from the TCBCSA Sick Leave Bank to be used for my personal illness, illness of spouse, or illness of dependent children as follows:

Estimated duration of illness: _____

Explanation of illness: _____

Signed: _____ Date: _____

ATTACHED IS MY PHYSICIAN'S STATEMENT REGARDING SAID ILLNESS.

To: Treasurer/Payroll Department

The above Sick Leave Bank member has been approved by said Leave Bank Committee to use _____ hour(s) from the TCBCSA Sick Leave Bank.

Signed:

Chairperson, Sick Leave Bank Committee

First Copy: Treasurer

Second Copy: Sick Leave Bank Committee

Third Copy: Borrower