

Cambridge Public Schools

Sick Leave Bank Application Form

Non Union & Administrative Sick Leave Bank Application Form

Please Note:

1. A maximum of twenty (20) days per applicant may be distributed at one time. If additional days are needed, a re-application is required, including medical evidence of continued need.
2. A maximum of thirty (30) days may be allotted to any one person in any one year.

Please attach a medical doctor's evaluation of illness or injury. Please give specific data, including dates of confinement at home or in the hospital.

Employee Information

Employee Name: _____ Date: _____
Employee Address: _____ School or Department: _____
Home Telephone Number: _____
Date of Appointment: _____
Number of Days Requested: _____ Work Telephone Number: _____

(For Office Use Only)

Date Sick Leave Expired: _____
If deductible is applicable, please indicate number of deductible days: _____

(For Sick Leave Bank Committee Use Only)

Approved: _____ **Not Approved:** _____
SLB Signatures _____

Please send completed form with Dr's. letter to: Claire Spinner, CFO
CFO Office
159 Thorndike Street
Cambridge, MA 02141