

**Rockland BOCES**  
Office of Human Resources  
BSA SICK BANK REQUEST FORM

**Note: This Request will not be processed without a detailed physician's note.**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

School or Program: \_\_\_\_\_

Home or Cell Phone: \_\_\_\_\_ School Phone: \_\_\_\_\_

**Request**

Reason for the Request (Please use the reverse side of the page if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To be eligible to access the sick bank, you must have depleted all of your sick days due to serious illness or injury. List the *serious* illnesses or injuries you endured throughout your employment history that resulted in a depletion of all your accumulated sick days. You must include corresponding dates of the serious illnesses or injuries, approximate dates may be acceptable. This information must be comprehensive. Attach further documentation if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested Start Date\*: \_\_\_\_\_

Requested End Date: \_\_\_\_\_

Estimated Return to Work Date: \_\_\_\_\_

Physician Name and Number: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

**\*The Sick Bank Committee will only consider approval for sick bank days from the time that the request was received. FMLA leave will run concurrent with any disability.**