

Mason Consolidated Schools
2026–2027 Sick Bank Request Form

Purpose:

An employee may be eligible to receive days from the Teacher Sick Leave Bank after exhausting all available sick leave and personal leave, provided the employee meets the eligibility requirements outlined in the applicable collective bargaining agreement and District procedures. Submission of this request does not guarantee approval. All requests will be reviewed individually by the Sick Bank Committee in accordance with established guidelines and procedures.

Employee Information

Employee Name: _____ **Position/Building:** _____

Date of Request: _____

Sick Bank Request

Number of Days Requested: _____

Are you a contributing member of the MCS Teacher Sick Bank? ☐ Yes ☐ No

Supporting Documentation

Supporting documentation (e.g., physician statement, medical certification, or other relevant information) may be submitted for the Sick Bank Committee's review but is voluntary. The committee may consider any documentation provided when evaluating this request. All information will be kept confidential.

Supporting documentation attached: ☐ Yes ☐ No

Reason for Request

Please briefly describe the circumstances for which you are requesting Sick Bank days.

Employee Acknowledgement and Certification

By signing below, I certify that the information provided on this request is true and accurate to the best of my knowledge.

I understand and acknowledge that:

- Submission of this request does not guarantee approval.
- The Sick Bank Committee may consider any voluntarily submitted supporting documentation when reviewing my request.
- The Sick Bank Committee may request additional information if needed to assist in its review.
- Each request is reviewed on its own individual facts and circumstances.
- The Sick Bank Committee's determination is final and is not subject to appeal or the grievance procedure under any collective bargaining agreement or district policy.
- Decisions made by the Sick Bank Committee are not precedent-setting and do not obligate the Committee or the District to make the same or a similar determination in any future request.

Employee Signature: _____ **Date:** _____

Sick Bank Committee Use Only

Date Request Received: _____ **Date Reviewed:** _____

Committee Determination

☐ Approved ☐ Approved with Modification ☐ Denied

Number of Sick Bank Days Approved: _____

Committee Response / Comments

The Sick Bank Committee has reviewed this request and rendered its determination. The Committee's decision is final, not subject to appeal or the grievance procedure, and shall not be considered precedent-setting for any future Sick Bank request.

Committee Chair Signature: _____ **Date:** _____

HR/Payroll Notified: ☐ Yes ☐ No

Date Processed: _____