APPLICATION FOR BENEFITS
SICK LEAVE BANK 2026-2027

THE ENTIRE APPLICATION MUST BE COMPLETED IN ORDER TO PROCESS THE REQUEST

(Applicant Please Return to Devin Olson via e-mail or at the Faculty Association Office)

Name:_____

Street:_____Apt. #: _____

City:_____ State: _____ Zip: _____

Home Phone: _____ Years Teaching: _____

Check One: ☐ Tenured ☐ Non-tenured

Name of Spouse or Nearest Relative: _____

Phone: _____

Department: _____School: _____

Type of Leave Requested (Refer to the District 205 Contract): _____

Reason for Request: _____

_____

Original Application? _____ Renewal? _____

Is this claim the result of work-related illness or injury? Yes _____No _____

No. of Sick Leave Days as Per Date of Application: _____

Last Day of School Attendance: _____

I understand that any fraudulent information given to the Sick Leave Bank shall result in repayment of the fraudulently obtained funds and a two (2) year suspension from use of the Sick Leave Bank.

Signature of Applicant: _____Date: _____

Office Use Only

S.L.B. Committee Designee: _____

Application Received (date): _____

Physician's Statement Received (date): _____

S.L.B. Approval (date): _____

S.L.B. Began (date): _____ S.L.B. Ended (date) _____

Total Number of S.L.B. Days Used: _____

Date of Anticipated Return: _____

DAYS TO BE REPAID TO THE SICK LEAVE BANK IN 2025-26

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