

**APPLICATION FOR BENEFITS
SICK LEAVE BANK 2024-2025**

THE ENTIRE APPLICATION MUST BE COMPLETED IN ORDER TO PROCESS THE REQUEST
(Applicant Please Return to Ken Wendorff 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

