**TRUMBULL COUNTY BOARD CLASSIFIED STAFF ASSOCIATION**

Sue Hartman, President Joellen Manz, Vice President

**Application to Use Days from the Sick Leave Bank**

**(File in Triplicate)**

I apply to use \_\_\_\_\_ hour(s) from the TCBCSA Sick Leave Bank to be used for my personal illness, illness of spouse, or illness of dependent children as follows:

Estimated duration of illness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explanation of illness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTACHED IS MY PHYSICIAN’S STATEMENT REGARDING SAID ILLNESS.

**To: Treasurer/Payroll Department**

The above Sick Leave Bank member has been approved by said Leave Bank Committee to use \_\_\_\_\_\_\_\_\_ hour(s) from the TCBCSA Sick Leave Bank.

**Signed:**

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

Chairperson, Sick Leave Bank Committee

First Copy: Treasurer

Second Copy: Sick Leave Bank Committee

Third Copy: Borrower