



Flagler County Schools
Human Resources Department
Sick Leave Bank Request Form

Name: _____ Dept/School: _____

Address: _____

Phone Number: _____ Email: _____

Number of Days needed (up to 30): _____

I understand that to apply for use of the Sick Leave Bank days I must exhaust all sick leave, personal leave, vacation leave (if applicable) and short term disability (if applicable).

Reason for application (be sure to attach doctor's note):

I fully understand that any abuse of this sick leave bank will result in repaying the bank and such other disciplinary action as determined by the School Board.

Applicant's signature