

RIALTO UNIFIED SCHOOL DISTRICT

CERTIFICATED SICK LEAVE BANK REQUEST FOR WITHDRAWAL

As a certificated unit member, I wish to withdraw _____ days from the Certificated Sick Leave Bank.

Unit Member's Signature Location Date

Employee's Name (Please Print) Last 4 digits of Social Sec. Number

Please describe the details of the catastrophic illness or injury:

_____ Statement from Doctor _____ is attached to this form.

Human Resources

☐ Approved ☐ Disapproved Date _____

Committee Action

Date of meeting: _____

_____ days from the Sick Leave Bank will be allocated to the above named unit member.

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	_____ Committee Member	_____ Date
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	_____ Committee Member	_____ Date
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	_____ Committee Member	_____ Date