RIALTO UNIFIED SCHOOL DISTRICT

CERTIFICATED SICK LEAVE BANK REQUEST FOR WITHDRAWAL

PLEASE NOTE: SUBMIT ALL COPIES OF THIS FORM TO THE PERSONNEL OFFICE, DISTRIBUTION WILL BE MADE AFTER APPRVOAL

As a certificated unit member, I	_ days from the Certif	icated 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 catastro	ophic illness or injury:		
Statement from Doctor is attached		to this form.	
Personnel Office			
□ Approved	□ Disapproved	Date	
Committee Action			
Date of meeting:			
days from the Sick Leave I	Bank will be allocated to the	he above named uni	it member.
☐ Approved ☐ Disapproved			
☐ Approved ☐ Disapproved	Committee Member		Date
_ Tipproved _ Disapproved	Committee Member		Date
☐ Approved ☐ Disapproved	Committee Member		Date

Distribution: White: Association Yellow: Personnel Pink: Employee