



HASTINGS
PUBLIC SCHOOLS

Assuring the essential. Expanding the possible.

**SICK LEAVE BANK
APPLICATION**

CERTIFICATED

CLASSIFIED

NAME: _____

NUMBER OF DAYS REQUESTED _____ (Please remember, a limitation of 20 days)

REASON FOR REQUEST _____

SIGNATURE

DATE OF REQUEST



For administrative office use only

_____ Request Granted

of days granted _____

_____ Request Not Granted

Reason _____

Superintendent