

**Epping School District
Epping Paraprofessional Association Member**

SICK LEAVE BANK REQUEST FORM

Date: _____

Paraprofessional's Name: _____

Number of Days Requested: _____

Dates of Days Requested: _____

Reason for Request: _____

**Written medical verification of illness must accompany the application (EPA Article 8.1, 7/1/2008 – 6/30/2011).*

Paraprofessional's Signature: _____

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Date of Meeting of Sick Leave Committee: _____

Sick Leave Bank Committee Sign-in:

- Attach a copy of the minutes of the committee meeting to this form.

EPA Sick Leave Bank Committee Determination

Circle: Approved Not Approved Return for Clarification

Return this form to the EPA President for processing.

The EPA President, or designee, will then file the form in the Epping Superintendent's Office.