

Dakota County United Educators SICK LEAVE BANK APPLICATION FORM

Identification information will be removed prior to committee review and the committee will look at all applications anonymously.

Last name: _____ First: _____ MI: _____

Employee #: _____ FTE: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell phone: _____ Work Phone: _____

Description of catastrophic accident, illness or serious recurring illness:

Verification of attending physician attached:

First day without personal or sick leave coverage: _____

Anticipated number of Sick Leave Bank days needed: _____

Member Signature: _____

-

COMMITTEE ACTION

Date received:

Approved Number of Days/Hours: _____

Denied

Reason: _____

Committee chair
signature:

Date:

If you have any questions regarding your application, please call the DCUE office at 952-431-4046.

cc: Teacher
Human Resources
File Copy

SLB Application
Nov 2007