



Pleasantville Public Schools



Home of the Greyhounds

Please return this form
with Physician Statement to
Diane Gresham, Benefits Specialist

Employee Sick Leave Bank - Donation Request Form

Name: _____

Date: _____

Address: _____

Home Phone#: _____

Cell Phone#: _____

Work Location: _____

Date of Hire: _____

Are you a member of the Employee Sick Leave Bank: _____ Yes _____ No

I have provided sufficient medical documentation to justify this request: _____ Yes _____ No

Date of Injury/Diagnosis: _____ Anticipated Duration of Illness: _____

Number of Days Requested: _____ Is the Injury/Illness Work Related? _____ Yes _____ No

Describe the nature of your illness or injury and the reason(s) for requesting donated sick leave bank days:

Employee's Signature

Date

*****Office Use Only*****

Received and Reviewed by Benefits Specialist: _____
Print Name and Initial

Date