

LASALLE/PUTNAM COUNTY EDUCATIONAL ALLIANCE FOR SPECIAL EDUCATION
1009 Boyce Memorial Drive, Ottawa, Illinois 61350
PHONE/TDD: 815-433-6433 / FAX: 815-433-6164 / EMAIL: lease@lease-sped.org

REQUEST TO ACCESS THE L.E.A.S.E. SICK LEAVE BANK

Having donated one of my sick leave days at the last opportunity, I am a member of the L.E.A.S.E. Sick Leave Bank.

As a member, I therefore request _____ day/s from the Sick Leave Bank because all my personal allotment of sick leave, personal and vacation days have been exhausted.

Please describe the nature of the illness requiring the usage of the L.E.A.S.E. Sick Leave Bank.

I understand that the electronic submission of this form by e-mail is the equivalent to my signature.

Employee's Signature

Date

Physician's Signature if more than five days are requested or if otherwise required by the Director or Designee

Date

Approved _____ Not Approved _____

Signature of Director or Designee

Date

NOTE: All usage of the L.E.A.S.E. Sick Leave Bank is governed by the L.E.A.S.E. Administrative Procedure covering same.