PORTLAND PUBLIC SCHOOLS

Human Resources 501 N Dixon Street • Portland, OR 97227 503-9163544 • Fax: 503-916-3107

Portland Public Schools is an equal opporturaing affirmative action employer.

SICK LEAVE BANK APPLICATION FORM BUILDING ADMINISTRATOR AND NON- REPRESENTED EMPLOYEES

Name	Employee ID:	
Address	Phone:	
Work SitePosition Title:		
Emergency Contact Name/Phone:		
Attending Health Care Provider Name/Facility:		
am requesting days of sick leave bank (N	lot to be less than 6	days or
nore than 2 0 days)		-
• ,	<u>Yes</u>	<u>No</u>
answer the following:	<u>Yes</u> ‰	
Answer the following: I have been employed by the District for the last 12 months	·	<u>No</u>
Answer the following: I have been employed by the District for the last 12 months I anticipate exhausting all applicable paid leave balances	%0	<u>No</u> ‰
Answer the following: I have been employed by the District for the last 12 months I anticipate exhausting all applicable paid leave balances	%0	<u>No</u> ‰
Answer the following: I have been employed by the District for the last 12 months I anticipate exhausting all applicable paid leave balances Myself or an immediate family member has an extended/recurring	%o %o	<u>No</u> ‰ ‰

I certify that the above information is___