

**Sick Leave Bank Application Form**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Tenure Date:** \_\_\_\_\_ **School:** \_\_\_\_\_

Description of prolonged, catastrophic or long term illness or injury. (Attach medical evidence of such illness.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of days requested from the bank. \_\_\_\_\_

(Number cannot exceed 30 days for teachers and teaching assistants)



\_\_\_\_\_ **Approved**                      \_\_\_\_\_ **Not Approved**

Reason of denial \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of District Representative

\_\_\_\_\_  
Signature of SCTA Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Return form to:** Superintendent (or his/her designee)  
South Colonie District Office  
102 Loralee Drive  
Albany, NY 12205