

**REQUEST FOR SICK LEAVE
FROM
RIPLEY UNION LEWIS HUNTINGTON SICK LEAVE POOL**

Name _____

Address _____

Position/Building _____

Description of Catastrophic Illness (use additional sheet if needed):

Documentation Supporting Claim (physician, disability claims, etc.):

Sick Days Currently Available _____

Sick Days Needed _____

Sick Days Requested From Pool _____
(Pool amount not to exceed 10 days)

Other Comments Needed _____

Requested by: _____

Staff Member

Date

Other Documents Attached:

Yes

No