

WINDHAM SCHOOL DISTRICT
SICK LEAVE POOL
APPLICATION FOR WITHDRAWAL

NAME: _____ DATE _____

POSITION: _____ UNIT: _____

Date accrued leave(s) exhausted: _____

Number of Windham days requested from Sick Leave Pool: _____
(cannot exceed 20)

WITHDRAWAL:

Request withdrawal due to catastrophic illness/injury:

_____ Employee

_____ Immediate Family Member: (Relationship: _____)

REQUIRED DOCUMENTATION:

Attending physician's statement is attached. Physician's statement contains description of illness/injury, date of the onset or initial diagnosis, prognosis for recovery, and anticipated date of return to active duty. If for a family member, physician should indicate the amount of assistance the patient will require from the employee.

Employee Signature

Principal/Department Head

Approved Disapproved

Regional Administrator

Approved Disapproved

Sick Leave Pool Administrator

Approved Disapproved

Number of days approved