

# MESQUITE ISD EMPLOYEES' SICK LEAVE BANK

## REQUEST FOR SICK LEAVE BANK DAYS

Legal Name \_\_\_\_\_ Date / /

Date of Birth \_\_\_\_\_ MISD ID #

Phone # \_\_\_\_\_ Position \_\_\_\_\_

Campus / Facility \_\_\_\_\_

Length of time employed by MISD: Years \_\_\_\_\_ Months \_\_\_\_\_

Hire date \_\_\_\_\_

Have you been absent before payroll pull date at the beginning of the school year? Yes  No

First day to miss work for this absence \_\_\_\_\_

I have or will have used all of my available sick days, personal business days and tenure days for this year.

Sick leave bank days should begin: \_\_\_\_\_  
Month Day Year

The above requested days are needed for the reason of personal illness or injury as described below:

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A statement from my physician is attached.

\_\_\_\_\_  
Signature Date

**Return this form to MEA Only**

Physical Address: 2133 N. Beltline Mesquite, TX 75150  
Phone 972-882-5504 Fax 972-882-5413