



SICK LEAVE BANK- SUPERVISOR ASSESSMENT

**Return Original Application To: Gallup McKinley County Schools
Personnel Office – Sick Leave Bank
ATTN: Jani Nail
P.O. Box 1318
Gallup, NM 87305**

Date: _____ Position/Title: _____

Name: _____

School/Work Location: _____

Name of Employee Requesting SLB Days: _____

Allow me to begin by thanking you for your help in this matter. The following will assist your employee's request for days from the Sick Leave Bank. We are working under the assumption that they have kept you apprised of the situation as well as made you privy to all Physicians correspondence and prognosis.

At your earliest convenience, please inform the SLB Committee with any information you deem relevant. We would appreciate your opinion and input.

To assure confidentiality, please return in a sealed envelope.

You may send this application through interoffice mail or hand deliver it to Jani Nail in the Personnel Office. **The Sick Leave Bank Committee meets at 9:30am on the third Friday of each month.** Completed applications must be submitted to Jani in Personnel by **5:00pm the Thursday before the scheduled the Sick Leave Bank Committee meeting.**