



SICK LEAVE BANK CHECKLIST

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

Date: _____ Your Position/Title: _____

Name: _____

School/Work Location: _____

The following will assist employee's requesting days from the Sick Leave Bank as well as provide the Sick Leave Bank Committee with a complete application packet. Please note, all forms are necessary and provide the Sick Leave Bank Committee access to pertinent documentation needed for an informed decision. To reiterate, ALL forms from the checklist must be submitted. Incomplete packets will not be accepted or be presented to the SLB Committee.

- ☐ Sick Leave Bank Application
- ☐ Sick Leave Bank Physician's statement
- ☐ Immediate Supervisor's Input Form – sealed envelope
- ☐ Print out of leave used (from Ivisions or from site secretary)
- ☐ Second Opinion – If needed and requested by the SLB Committee
- ☐ Sick Leave Bank Checklist

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.**