

Perryton I.S.D.
Emergency Leave Bank request Form

Employee: _____

Address: _____

Phone: _____

Job Title: _____

Campus: _____

I am requesting _____ total days from the Emergency Leave Bank

Days Requested: _____

In your own words, describe the reason or reasons you are requesting this leave:

If the reason is medical, a physician's statement MUST be attached. If a death has occurred, there must also be attached documentation.

EMPLOYEE SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

Payroll Approval: _____

Not Approved: _____

For ELB Committee Use Only

Number of Days Approved: _____

Committee Chairman or Designee Signature: _____

Date: _____