



BYRAM HILLS SCHOOL DISTRICT
10 Tripp Lane
Armonk, New York 10504
914-273-4082 Fax: 914-273-2516

*Sick Bank Committee: Gina Cunningham
Robin Zilli
Megan DiDomenico
Kelly Seibert*

Please Note: The below named teacher has requested withdrawal of paid sick leave days from a District-wide sick bank. The purpose of the Sick Leave Bank is to provide paid sick leave days for teachers who have a catastrophic, prolonged or disabling illness or accident, requiring long periods of medical care and will be absent from work due to their illness.

Teacher Sick Leave Bank Withdrawal Request

- Please complete all information below.
- Doctor must complete the statement thoroughly and sign where indicated.
- Please return the form as soon as possible to:

Byram Hills School District, 10 Tripp Lane, Armonk, New York 10504, Attn: Human Resources and Personnel

- If faxing, a signed original must also be mailed.

Name of Teacher: _____	Name of Physician: _____
Home Address: _____ _____	Physician's Address: _____ _____
Home Telephone: (____) _____	Telephone: (____) _____
E-mail: _____	E-mail: _____
Date of onset of illness or injury: _____	
Anticipated date of return to work: _____	

How does this catastrophic, prolonged or disabling illness or accident impact the teacher's ability to perform his/her duties?

Is this teacher able to be in attendance full days without restriction in a school setting? Yes No

This is to advise you that _____ is under my care for:

Diagnosis:	Prognosis:

Is this treatment medically necessary at this time? Yes No **Physician's Signature:** _____

For Office Use Only:
Received by Sick Bank Committee: ____/____/____ Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Days Approved: # _____
Signature: _____