

# HAMPSHIRE COUNTY SCHOOLS

## Personal Leave Bank Withdrawal Form

As a contributing member of the Hampshire County Personal Leave Bank, you are entitled to request up to ten days. If extenuating circumstances merit additional days, an extension may be granted by re-application of your request.

Name	Home Telephone
Address	Employee ID Number
City, State, Zip	Home School & Position
Date personal leave was exhausted	Name of Attending Physician
Number of Days Requested	Physician's Phone Number

Please attach your physician's statement concerning your illness or injury. If a physician's statement does not accompany this request, please explain below.

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I, the undersigned, under penalty of law, state that the information on this form is accurate, truthful, and complete to the best of my knowledge.

Date of Request	Signature of Employee
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### FOR USE OF APPROVAL COMMITTEE

Date of Review	Request Approved
	Request Denied