

REQUEST for USE of REA SICK BANK DAYS

(Complete this form in order to request the use of REA Sick Bank days,
which will be available for use after all of your RSD Sick Days are exhausted)

*****A copy of the physician's statement MUST accompany this form*****

*****You must exhaust all of your RSD Sick Days before REA Sick Bank days become available*****

TODAY'S DATE:

NAME:

ADDRESS:

HOME PHONE:

CELL PHONE:

BUILDING:

• STARTING DATE of your MEDICAL LEAVE:

• RSD Sick Days Available as of the Starting Date of your Leave:

• REA Sick Bank Days Available as of the Starting Date of your Leave:

• REA Sick Bank Days Requested:

• Medical Reason for Request:

Please return this form by fax at (610) 374-3173, Interoffice Mail, or USPS Mail to:

Reading Education Association
1800 N. 12th Street
Reading, PA 19604
(610) 374-7101

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For office use only
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Application Received Date: _____ Physician's Statement Received Date: _____

Approved: _____

Not Approved: _____

Mitch Hettinger
REA President

Jennifer Mazur
REA Sick Bank Officer

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1st day of Leave _____

Anticipated Return Date _____

Start date of Sick Bank _____

Actual Number of SB Days Used _____