

Mill Creek Community School Corporation  
Catastrophic Illness Leave Bank Request Form  
and  
Catastrophic Illness Leave Bank Committee Disposition

Name \_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_

Number of Catastrophic Illness Leave Bank days requested \_\_\_\_\_

Reason necessitating this request (be specific, include the nature of illness):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requesting Teacher's Signature \_\_\_\_\_

.....

Catastrophic Illness Leave Committee Disposition:

1. Number of days requested: \_\_\_\_\_

2. Number of days granted: \_\_\_\_\_

3. Rationale: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Catastrophic Illness Leave Bank Committee Chairperson

\_\_\_\_\_  
Date

Complete this form in triplicate. A copy of this request shall be returned to the requesting party with the disposition of the Catastrophic Illness Leave Bank Committee.