

RONDOUT VALLEY CENTRAL SCHOOL DISTRICT

PO Box 9, Accord, NY 12404

Dr. Joseph Morgan
Superintendent of Schools
(845) 687-2400 Ext. 4802

Mrs. Lisa I. Pacht
Assistant Superintendent of Schools & Operations
(845) 687-2400 Ext. 4805

Mrs. Deanna Rosinski
School Business Official
(845) 687-2400 Ext. 4812

Ms. Megan Braren
Director of Pupil Personnel Services
(845) 687-2400 Ext. 4863

**Sick Bank Days Donation Application
Recipient Form**

Directions: Complete this application in full. Forward this application with a doctor's statement certifying your need for these days including medical documentation with diagnosis of immediate family member. Please send your completed application with documentation to Kim McEvoy, Secretary to the Sick Bank. Please note that it is at the discretion of the committee to approve or deny your request.

NAME _____ YEARS EMPLOYED IN DISTRICT _____
Last First

ADDRESS _____
Mailing Address City State Zip

TELEPHONE NUMBER WHERE YOU CAN BE REACHED _____

DATE YOUR SICK DAYS WILL EXPIRED _____ DAYS YOU NEED FROM THE BANK _____

Signature of Applicant Date of Application

Number of Days Granted _____ Date Sick Bank Days Start _____

Sick Bank Board _____
Approved Disapproved

Signature Date



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**Sick Bank Days Donation Application
Donor Form**

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NAME _____
Last First

ADDRESS _____
Mailing Address City State Zip

TELEPHONE NUMBER _____ YEARS EMPLOYED IN THE DISTRICT _____

NUMBER OF SICK DAYS YOU WANT TO DONATE _____

Signature of Applicant Date of Application

Number of Days Donated _____ Date Sick Bank Were Donated _____

Sick Bank Board _____
Approved Disapproved

Signature Date