

**EAST DETROIT FEDERATION OF TEACHERS  
SICK BANK COMMITTEE  
NOTIFICATION FORM**

**DATE:** \_\_\_\_\_

**MEMBER:** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**POSITION/BLDG. ASSIGNMENT(S):** \_\_\_\_\_

**Please consider this form official notification that your request for the withdrawal of days from the Sick Bank has been:**

\_\_\_\_\_ **GRANTED:**

\_\_\_\_\_ **DENIED:**

**COMMENT:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(SIGNATURE)  
**CHAIRPERSON**

(SIGNATURE)  
**COMMITTEE MEMBER**

Approved by Executive Council: 2/28/07

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