



**Houston Independent School District
 Leave Administration
 Hattie Mae White Educational Support Center
 4400 West 18th St., Houston, TX 77092**

Ph: 713-556-6590 ♦ Fax: 713-556-6966 ♦ Email: LeaveAdministration@HoustonISD.org

Supplemental Sick Leave Bank (SSLB) Appeal Form

Last Name:		First Name:	
Employee ID #:		Position:	
Work Phone #: () -		Home/Mobile Phone #: () -	
Campus/Work Location:	Timekeeper Name:	Timekeeper Phone #:	() -
<i>Information regarding claims is communicated <u>exclusively</u> via <u>e-mail</u>. Please provide an alternate e-mail address.</i>	Your HISD E-mail Address:	@houstonisd.org	
	Personal E-Mail Address:		

Provide a brief statement explaining the reasons why this appeal should be approved:

The claimant should include supporting medical documentation with the appeal form.

By signing, I hereby confirm that all the information provided in the Appeal Form is true, and I am aware that false or misleading information may result in denial of my benefit claims. False actions on my part or on my behalf may be considered misuse of the Supplemental Sick Leave Bank program and my membership may be permanently terminated without payment.

Employee Signature: _____

Date: _____

Leave Administration Rep. Signature: _____

Date: _____