



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

**Ph: 713-556-6590 ♦ Fax: 713-556-6966 ♦ Email: [LeaveAdministration@HoustonISD.org](mailto: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 via e-mail</u>. Please provide an alternate e-mail address.</i>		Your HISD E-mail Address:		<a href="mailto: @houstonisd.org">@houstonisd.org</a>			
		Personal E-Mail Address:					

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

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