

SICK LEAVE BANK REQUEST FORM

Application process must be initiated no later than 21 calendar days after the need for Sick Leave Bank arises.

Instructions:

OBTAIN MEDICAL STATEMENT FROM MEDICAL CARE PROVIDER. Statement MUST be on medical office letterhead or prescription pad and include:

1. Diagnosis
2. Date you were last able to work
3. Expected date of return to work
4. Physician Signature

Complete the following information in Section A below:

Section A: To be completed by Applicant

<p>Applicant's Name: _____ Date: _____</p> <p>Primary telephone number: _____ Secondary telephone number: _____</p> <p>Position: _____ Location: _____</p> <p>Work day hours: _____</p> <p>Description of Medical Illness or Injury:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Name of Physician: _____</p>

<p>Per the Sick Leave Bank guidelines, an employee may request up to 20 consecutive days of sick Leave.</p> <p>Number of days being requested: _____ Dates: _____</p>

APPLICANT'S SIGNATURE

The above is true to the best of my knowledge:

Signature

Date

Section B: To be completed by Human Resources

Employee leave balance _____ as of _____ (date)
Applicant is eligible? _____ yes _____ no Today's date: _____
Employee FTE status: _____ Employee's hours per day: _____
Number of days eligible to receive: _____
Sick Leave Bank balance: _____ Hours needed: _____ New Total: _____
Human Resource's Signature _____ Date: _____

- Upon completion of the above information, Human Resources will forward the sick leave request to the Sick Leave Bank Committee.
- Human Resources will notify the applicant of the Committee's decision.
- Human Resources will notify Payroll and Employee Benefits of the Committee's decision
- Payroll will act accordingly and Human Resources will include placing a copy of this form in the Applicant's district medical file.

Section C: To be completed by the Sick Leave Bank Committee

Date request received by Committee: _____		
Number of sick leave bank days approved: _____		
Committee comments:		

Signature of Committee Members:		
_____	_____	_____
Administrator Representative (Print)	Signature	Date
_____	_____	_____
DEA Representative (Print)	Signature	Date
_____	_____	_____
DESPA Representative (Print)	Signature	Date