SICK LEAVE BANK APPLICATION - Part A: Applicant

_______ Sick Leave Request
_______ Catastrophic Leave Request

________ Number of day requested.
________ Number of yrs. working in District

Period of absence:
_________ **to** ___________

LAST NAME	FIRST NAME	WORK PHONE

MAILING ADDRESS	HOME PHONE	JOB TITLE/LOCATION

Have you been off work at least five (5) consecutive working days? Yes _____ No _____
Have you exhausted all your sick leave? Yes _____ No _____
Is this a job related illness? Yes _____ No _____
Have you previously applied for a withdrawal? Yes _____ No _____ Date(s): _______

Remaining Personal Leave
____________ DAYS.

Remaining Sick Leave
____________ DAYS.

Outline your need for this request:

INCLUDE ADDITIONAL SHEETS IF NECESSARY.

Applicant's Signature	Date

Part B: To be completed by Physician

Beginning date of illness:	Date patient is able to return to work:

Medical Diagnosis (Diagnosis of emotional or mental illness must be completed by a psychiatrist)

ICDM.9 Code

Treatment Plan: (Explain in detail the regimen of treatment prescribed nature and duration of treatment, and prognosis)

Is employee able to perform work of any kind? Yes _____ No _____ If yes, explain:

Is in-patient hospitalization required? Yes _____ No _____ If no, explain:

Is prescribed treatment/surgery urgent-emergent? Yes _____ No _____ If no, explain:

Physician Signature/Title/Phone Number	Date

INCOMPLETE INFORMATION WILL LEAD TO THE DENIAL OF THE SICK LEAVE BANK APPLICATION

Revised: September 2009