

Application for USD 250 Sick Leave Pool Days

To be completed by employee:

1. Have you used all of your accumulated sick leave? Yes or No
2. Have you used all your available personal leave? Yes or No

Name _____

Date _____

Position: _____

District/Bldg. _____

For whom are these days needed?

Employee or Family member

If the request is for a family member, please complete:
(maximum of 30 days for employee or 10 days for family member)

Name _____

Relationship _____

By my signature below, I agree to the release of information to facilitate this request from my physician to Pittsburg Community Schools, USD 250:

Signature

Date

To be completed by physician:

Name of patient: _____ Health Issue: _____

Anticipated dates of disability From: _____ to _____

Date when patient will be able to return to work, if known: _____

My signature below affirms that _____ is a patient under my care during the time periods noted above. The above-named patient is incapable of performing the essential functions of his/her job during the time or, if the patient is not the employee, experiencing a serious and prolonged illness or disability.

Doctor's Signature

Date

Please make a copy for your records and send the original to the Human Resources Director at Pittsburg Community Schools.