



Arkansas City Public Schools

2545 Greenway, Arkansas City, KS 67005
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www.usd470.com

Sick Leave Assistance Pool Application

Guidelines for application:

- You must have donated a day to the Sick Leave Assistance Pool.
- You must have exhausted all of your paid leave days.
- Requested leave should be for extraordinary circumstances or catastrophic circumstances.

I understand that submission of this form does not guarantee the requested days will be granted. I certify that all information provided is true and correct.

Name

Signature

Date

Number of Days Requested: _____

Have you currently exhausted all of your current paid leave? Yes No

If not, please indicate when all leave will be exhausted: _____

Are you currently receiving disability benefits from USD 470's short term disability or social security disability benefits? Yes No

Have you completed FMLA paperwork for the leave dates requested? Yes No

*FMLA paperwork can be requested from the Personnel Clerk (District Office)

Please describe in detail your reason for requesting days from the SLAP. The application may need to be accompanied by a medical doctor's certificate verifying the severity, nature, and projected duration of the illness. All the information provided to the SLAP committee is anonymous and kept confidential.

For Office Use Only:

Date Received: _____ Personal Days Used: _____ Prev. Days Granted: _____

Request is: Denied Approved Days Granted: _____