

**APPLICATION FOR CARROLL INDEPENDENT SCHOOL DISTRICT
SICK LEAVE BANK BENEFITS**

2023-2024

Name _____ Employee # _____ Birthdate _____

First date of absence _____ Date returning to work _____

Injury/Illness causing the absences: _____

I am applying for Sick Leave Bank Benefits and authorize the physician named below to release information on this illness/injury and absences to the Carroll Independent School District.

Physician Name: _____ Physician Telephone: _____

Employee/Designee Signature: _____ Campus/Department: _____

Authorized Family Member Signature _____ Date _____

Apply as soon as possible (within 30 days) to avoid pay disruption or benefit loss. Eligibility is not determined until doctor's statement is received.

TO BE COMPLETED BY THE PHYSICIAN

FOR ALL ILLNESSES/INJURIES:

Earliest treatment or diagnosis date (to your knowledge): _____

Related pre-existing conditions: _____

FOR ALL SURGERIES: Could recommended surgery be scheduled during extended school breaks such as Summer or Christmas without being detrimental to this patient's health?

Yes? _____ No? _____

Anticipated treatments/therapies after initial release for work: _____

This patient was (will be) unable to work from _____ through _____.

Physician Signature: _____

Date: _____

*******FOR DISTRICT USE ONLY*******

Eligible Member? _____ Eligible Absence? _____ 10 Consecutive Days? _____

SLB days used by member this term _____ (max 25); Lifetime _____ (max 75).

Consecutive eligible absences (or planned absences) _____
- Balance of sick/personal leave _____
= Maximum number of benefit days APPROVED _____

Not Approved for these reasons: _____

Signature of Bank Officer: _____ Date: _____

Return all information to: Human Resources Executive Director
Carroll Independent School District
2400 N. Carroll Avenue
Southlake, Texas 76092