Darlington County School District
Sick Leave Bank Request Form

A request from the sick leave bank will be reviewed on a case-by-case basis for a catastrophic illness to self or immediate family members. An employee requesting leave from the bank must have already had approval for extended medical leave and the Attending Physician's Statement submitted.

In order to be eligible to receive leave from the bank, an employee must meet the following criteria:

- Be a contributing member of the bank;
- Suffer from a catastrophic illness/injury to self or immediate family member;
- Be absent from work for a minimum of fifteen (15) consecutive workdays, but less than ninety (90) days, and have exhausted all accrued leave;
- Additional documentation may be required

Employee Name: _____Job Title: _____

Location: _____ Phone #: _____

First Day of Leave: _____ Anticipated return date: _____

Detailed Description of medical illness/injury causing inability to work:

_____

_____

Do you anticipate being able to return to your current position? Please explain.

_____

_____

Has your condition affected your ability to perform day-to-day tasks? Please explain.

_____

_____

Is there any other information you would like to provide to the committee and/or designee to further clarify your condition and request for sick leave days?

_____

_____

Number of Days Requested from Bank: _____(30 Day Maximum per school year)

I am applying for Leave from the Sick Bank and authorize the Sick Bank Committee and/or designee to review my request and physician statement solely for the purposes of making a determination if this qualifies as "catastrophic" leave as defined by District policy.

Employee Signature: _____Date: _____

COMPLETED FORMS – SUBMIT TO:
DCSD Benefits Office, fax (843)398-5006