



St. Bernard Parish School Board Sick Leave Bank Request for Days Application



Employee Name (Last, First)		
Employee ID Number	Employee Social Security No.	Phone Number
School / Location	Position / Title	
Street Address		
City, State, Zip		
<p>Number of Days Requested from Sick Leave Bank: _____</p> <p>Please provide description of illness or accident related to this request for Sick Leave Bank days. Please attach additional sheets, if necessary.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>The application for withdrawal of days must be accompanied by a physician's certification of the nature of the illness or reason why the employee is unable to work and a prognosis of how long the employee will remain incapacitated. The documentation from the physician must include an original signature and not a stamp or facsimile. The illness or recovery from it must be projected to last longer than 14 calendar days. The Sick Leave Bank may only be used for contributor's own personal catastrophic illness and/or illnesses for a member of the employee's immediate family, to include only children, spouse, or parents.</p> <p>I authorize the St. Bernard Parish School Board to release information from my personnel file regarding my medical history, doctor's records and communications, and sick leave use in order for the Sick Leave Bank Administrators to determine my eligibility for days. I understand Sick Leave Bank policy and that the decision of the Administrators is final and not subject to arbitration.</p>		
Employee's Signature (or family member or agent)		Date Signed
_____		_____
<p><u>For Sick Leave Bank Administration Use Only</u></p> <p>REQUEST APPROVED: YES <input type="checkbox"/> NO <input type="checkbox"/> NUMBER OF DAYS APPROVED: _____</p> <p>COMMENTS: _____</p> <p>_____</p> <p>Signature of Committee Chairman _____ Date _____</p>		