



Sick Leave Bank - REQUEST FORM

SLBB USE ONLY
Case # _____
Sick Days Remaining _____
9-10-11-12 Month Employee
(Circle One)

INSTRUCTIONS:

The Human Resources Department requires this request to be accompanied by a doctor's statement certifying the employee is unable to work. The Sick Leave Bank is for employees who have experienced some unexpected or serious catastrophic event and shall not be used for elective surgery, or to extend normal maternity leave, and may not be used when any other program or benefit (Workers' Compensation, Injury work related or illness leave, Disability Compensation under Social Security and or PERA etc.) is also being used. All decisions will be made on a case-by-case basis within ten (10) workdays.

CRITERIA:

- Employee must be a current member of the Sick Leave Bank.
Employee must have no excused leave or vacation days, or expect to be out of days soon as a result of the circumstances that may qualify for this request to the Sick Leave Bank.
If approved, vacation accrued on a monthly basis shall be utilized prior to accessing the Sick Leave Bank.
Employee must have experienced some unexpected or serious catastrophic event, as determined by the Sick Leave Bank Board (SLBB), which requires her/him to be unable to work, such as personal illness or injury — or that of a family member, including extended family. The SLBB may ask for documentation of need.
No other leave may be used at the same time.
Employee may use no more than 30 days, per event, and no more than 60 days in any (3) three-year period.
There must be days available in the Sick Leave Bank.

School/Work Site: _____ Employer Number: _____

Name: _____
First Middle Last

Address: _____
Street City State Zip

Phone (H): _____ Phone (C): _____ Work Phone: _____
(Please circle number at which you are most easily reached)

Number of Days requested _____ (maximum 30 days) Days to commence on _____ (date)

Nature of illness, disability, accident or event (additional space on reverse side) _____

I hereby authorize Pueblo School District No. 60 to release information from my personnel file regarding my medical history, physicians' records, years of employment, current assignment, the current SLB Donation Form, my current leave status, and other relevant records so that the SLB Board can determine my eligibility for leave days from the Sick Leave Bank. I understand the SLB Board has the authority to approve/deny my request. I further understand that all days that may be granted and not used during the time period approved will be returned to the Sick Leave Bank upon contract renewal.

date Employee's Signature (Family Member if employee is unable to sign)

SLBB USE ONLY Days/Hours Remaining Verified by HR _____ Payroll _____
Signature Signature
Request Approved: ___ Yes ___ No (SLBB Spokesperson Signature)
Number of days approved _____ Date Effective _____ Case No. _____