



**Sick Leave Pool Request Form**

Date of request: \_\_\_\_\_

Employee name: \_\_\_\_\_

Supervisor name: \_\_\_\_\_

I acknowledge that no employee may draw more than (30) contract days from the sick leave donation pool during any school year (July 1 - June 30).\_\_\_\_\_

Number of sick/personal days requested: \_\_\_\_\_

Have you or will you deplete all your accumulated sick leave, personal leave, and vacation days by your leave request date?\_\_\_\_\_

**The sick leave pool shall be used in the event of prolonged illness or disability.**

Please state your reason for your request for donated sick leave:

\_\_\_\_\_  
\_\_\_\_\_

Are you or your eligible family member under a doctor's care due to a prolonged illness or disability?\_\_\_\_\_

Are you unable to work due to a prolonged illness or disability?\_\_\_\_\_

Please attach a statement from your physician certifying that you are incapable of performing your duties due to your or your eligible family members' prolonged illness or disability.\_\_\_\_\_

\_\_\_\_I authorize Pittsburg Community Schools USD 250 to release the following information concerning my need to the employees on the sick leave screen board to determine eligibility for donated sick leave.

Signature of Employee: \_\_\_\_\_

Date: \_\_\_\_\_

**To be completed by physician:**

Name of patient: \_\_\_\_\_

Health Issue: \_\_\_\_\_

Anticipated dates of prolonged illness or disability:

From: \_\_\_\_\_ to \_\_\_\_\_

Date when patient will be able to return to work, if known: \_\_\_\_\_

My signature below affirms that \_\_\_\_\_

is a patient under my care during the time periods noted above. The above-named patient is incapable of performing the essential functions of his/her job during the time or, if the patient is not the employee, experiencing a serious and prolonged illness or disability.

Doctor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please make a copy for your records and send the original to the Human Resources at Pittsburg Community Schools USD 250.**