

Licensed Staff Sick Leave Bank Application

1. Name: _____
2. Date: _____
3. Date you became a member of the Bank: _____
4. Number of sick leave days available on Sept1st of current school year? _____
5. Date your accumulated leaves was exhausted*: _____
6. Have you applied for or are you receiving compensation from the State Worker's Compensation Fund, PERA or District income protection insurance for the same illness or injury you are applying for Bank days? _____
7. How many days are you requesting from the Bank): _____
(equal to number of eligible sick leave days, not to exceed 20)
8. Are you applying for leave for the illness or injury of an immediate family member?
Yes ☐ No ☐, relationship _____
9. Brief description of illness or injury: _____
10. Date of onset of injury or illness: _____
11. Please attach a signed letter from your health care provider or family member's health care provider explaining the nature of the illness and the necessity for your leave.
12. Please state any additional facts that you believe would assist the Sick Leave Committee in considering your application, including any explanation regarding your prior use of your own sick leave and other leave:

Note: The Sick Leave Bank Committee may require you to provide additional information if necessary. The District may request you to complete an independent medical examination, if necessary. The Sick Leave Bank Committee may consider information from any source it deems reasonable in determining this application.

* All leaves (sick, personal, and vacation if applicable) must be exhausted plus three consecutive days taken without pay prior to receiving sick leave bank benefits.

Signature of Applicant

Date