

## Classified Staff (Emergency) Sick Leave Bank-Application

1. Name: \_\_\_\_\_
2. Date: \_\_\_\_\_
3. Date you became a member of the Bank: \_\_\_\_\_
4. Date you became employed with the District: \_\_\_\_\_
5. Date your accumulated sick leave was used up: \_\_\_\_\_
6. Have you applied for or are you receiving compensation from the State Workmen'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 (not to exceed 20 days): \_\_\_\_\_
8. Are you applying for leave for the illness or injury of an immediate family member? \_\_\_\_\_
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 Bank 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date