

CHESTER SCHOOL DISTRICT
Employee Sick Leave Bank - Donation Request Form

Name: _____ Date: _____

Address: _____

Home Phone#: _____ Cell Phone#: _____

Work Location: _____ Date of Hire: _____

Are you a member of the Employee Sick Leave Bank: _____ Yes _____ No

I have provided sufficient medical documentation to justify this request: _____ Yes _____ No

Date of Injury/Diagnosis: _____ Anticipated Duration of Illness: _____

Number of Days Requested: _____ Is the Injury/Illness Work Related? _____ Yes _____ No

Describe the nature of your illness or injury and the reason(s) for requesting donated sick leave bank days:

A doctor's statement on the physician's letterhead, with the physician's stamp/seal must be received with this application. It should state: The applicant's name, the medical reason for request, and the estimated length of absence/return to work. Additional documentation may be required.

Submission of the form constitutes a waiver for the committee to review medical documents.

By signing this application, I agree that the decision by the Review Committee shall be final and binding and that no legal action will be taken against the Chester Board of Education, CEA, or Review Committee members, if the request is denied.

Employee's Signature _____ Date _____

*****Office Use Only*****

Received and Reviewed by Benefits Specialist: _____

Print Name and Initial

Date