Waller ISD- REQUEST FOR SICK LEAVE Pool DAYS

Please complete this form and return to Esther (Judy) Salinas, Leave Specialist. An official **Sick Leave Attending Physician's Statement** must also be submitted before this request can be considered. Sick leave days shall be used only for the catastrophic illness or injury of the employee or the catastrophic illness or injury to the employee's immediate family. Board policy regarding Donating Leave Days can be found in Board Policy DEC (Local).

Date: _____/_____/_____

Employee Name:

_____

Address: _____

Telephone:_____ Campus/Dept._____

Patient's name if different than above: _____ Relationship to employee:_____

I have or will have used all my available state and local leave, as well as any compensatory time and vacation days, as applicable.

I am requesting leave: Begin: _____/_____/_____ End: _____/_____/_____

Nature of illness or injury*: _____

_____

_____

Date illness began or accident occurred: _____/_____/_____ Date physician consulted: _____/_____/_____

Name, address, and phone number of attending physician:

_____

_____

_____

Did the condition require hospitalization? Yes _____ No _____

If yes, please complete the following information:

Name of hospital:

_____

Dates of confinement: Begin: _____/_____/_____ End: _____/_____/_____

By completing this form, I understand that my name and the date(s) of leave will appear on the internal Waller ISD Sick Leave Pool website in order for staff to receive knowledge of the employees who are requesting sick leave pool days. Only the fact that the employee meets the eligibility criteria for a sick leave pool will be published along with the steps for District employees to make donations.

I certify that the information given on this request for sick leave days is accurate and true.

Signature of Employee:_____Date: _____

** Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in29 C.F.R. §1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. § 1635.3(b).

For HR Department Use Only

Date Received: _____

Date Employee Enrolled in Catastrophic Leave Pool:_____

Date Decision Communicated to Employee:_____ Granted_____ Denied_____