

☐ Professional ☐ Classified

SICK LEAVE BANK GRANT REQUEST

Please return this form to the Department of Human Resources.

Name: _____
Last First MI Employee ID Number Application Date

Address _____
Street City State Zip Home Telephone

School/Dept: _____ Position: _____

Was illness/accident work related? ☐ Yes ☐ No [You are receiving CCPS worker's compensation for the injury]

Will you be working for any other employer or for CCPS in another capacity during the time covered by this request? ☐ Yes ☐ No

Authorization to Release Information: I hereby authorize the undersigned licensed medical provider to release any information in the course of my treatment or examination. I understand that failure to submit sufficient information may result in denial of this request.

I understand that any waiting period for the Sick Leave Bank and days granted by the bank will be considered as part of any eligible leave allowed per the Family & Medical Leave Act (FMLA).

Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY A LICENSED MEDICAL OR MENTAL HEALTH PROVIDER ONLY

<u>Maternity Requests</u>	<u>Illness/Injury Requests</u>
First Day Absent: ____/____/____ (If absent prior to delivery) Reason: _____ Delivery Date: ____/____/____ (complete only if Delivery Type: ☐ vaginal ☐ c-section patient has delivered) If absence is requested beyond the 6 week disability period for vaginal delivery or 8 week disability period for c-section: Ending Date of Absence: ____/____/____ Reason: _____	<u>For new grants:</u> First Date Absent: ____/____/____ Expected Ending Date of Absence: ____/____/____ (please provide estimated date – additional days may be requested at a later date or unused days can be returned to the bank) Illness/Injury (layman's language, please): _____ <u>For continuation grant requests only:</u> A Doctor's note with extended dates is attached. ☐

Medical provider name, address, & telephone number must be clearly printed or typed - **Signature required for initial grants.**

Provider's Name: _____ Telephone: (____) _____

Provider's Signature _____ Date: _____

THIS SECTION FOR SICK LEAVE BANK USE ONLY

SLB Committee Approval? ☐ Yes ☐ No Date: ____/____/____ Number of Days Approved: _____ Waiting Period ____/____/____ through ____/____/____ (____ days) Employee Leave ____/____/____ through ____/____/____ Grant Effective ____/____/____ through ____/____/____	Human Resources Representative Approval: _____
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SICK LEAVE BANK GRANT REQUEST

Please complete the top section of this form and give to your attending medical provider.
The completed form should be returned to:

Department of Human Resources
Attn: Sick Leave Bank
125 North Court Street
Westminster, MD 21157
FAX: (410) 751-3139
Email: shrauen@carrollk12.org

The form must be signed by a licensed medical provider. Grant forms for employees with a mental health diagnosis must be signed by a licensed mental health clinician (psychiatrist, psychologist, licensed clinical social worker, etc.). For continuation grant requests, you may attach a doctor's note with the extended date in lieu of the form being completed by a physician.

Maternity grant requests will grant days (after the waiting period) during the maternity period of 6 weeks from the baby's date of birth for a vaginal delivery or 8 weeks for a c-section delivery. Any days beyond the 6 or 8 week period requires the physician to specifically state the medical reason for the extension.

The Sick Leave Bank Approval Committee approves grants once each pay period. If your absence will extend beyond the date approved by the Committee, you may apply for additional days. Days are not granted for non-work days. If an inclement weather closure should occur during your grant, a granted day will not be used.

A completed copy of this form will be returned to you once the approval or denial is made by the Sick Leave Bank Approval Committee. The completed copy of the form will indicate the applicable waiting period and the dates approved. If you do not have enough leave to cover the waiting period, your pay will be docked. Please reference the check message posted on the Employee Access Center or call Payroll at (410) 751-3050 for any docked pay calculations questions.