PITTSBURG COMMUNITY SCHOOLS USD 250

510 Dell, PO Drawer 75, Pittsburg, KS 66762 Phone: (620) 235-3100 Fax: (620) 235-3106

Application for USO 250 Sick Leave Pool

Employee Name: _____

School Building: _____

Date of application being submitted: _____

To be completed by Employee:

1. Have you used all of your accumulated sick leave and personal leave?
   ☐ Yes, I have used or will use all my sick and personal leave by the first day of my sick leave pool leave request.

2. The reason I am requesting these days meets the requirements for sick leave pool eligibility. PNA: Section IX: "The sick leave pool shall be used in the event of prolonged medical condition."
   ☐ Yes, I am under a doctor's care for a prolonged medical condition.

OR

   ☐ Yes, an eligible family member is under a doctor's care for a prolonged medical condition. Eligible family members: spouse, domestic partner, parents of the employee or spouse, or domestic partner, and children or stepchildren of the employee.

	Number of Days	Dates:
Consecutive Leave		First Day: Final Day:
*Intermittent Leave (to be used intermittently after returning to work for continuing care of the prolonged medical condition)		From: To:
TOTAL Number of Days		

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Employee Name: _____

Patient's Name if not employee: _____

Relationship to Employee: _____

☐ The Sick Leave Pool form will be accompanied by a signed written statement on letterhead from the employee's physician or physician of the eligible family member certifying that the employee is incapable of performing their duties as a result of the prolonged medical condition. The physician will certify in writing the number of days of absence the prolonged medical condition requires.

By my signature below, I agree to the release of information to facilitate this request from my physician to Pittsburg Community School District USO 250 and Sick Leave Pool Screening Board.

Employee Signature: _____ Date _____

To be completed by Employee and Building Administrator or Human Resources:

My Building Administrator or Human Resources:

☐ Reviewed with me how to access the negotiated agreement online.
☐ Reviewed with me the rules, procedures, and options for applying for sick leave pool, extended leave, and catastrophic leave.
☐ Reviewed with me Family Medical Leave Act (FMLA) including rules specific to school employees.
☐ Answered all of my questions.

Employee Signature: _____ Date: _____

Building Administrator or Human Resources: _____ Date _____