Sick Leave Bank Benefits - Employee's Personal Illness/Injury Application

Employee Information

Name: _____ Employee ID #: _____

Campus: _____ Position: _____

Date of First Absence: _____ Expected Return to Work Date: _____

☐ Employee's Personal Injury/Illness (Specify medical condition) _____

I am applying for Sick Leave Bank (SLB) benefits and authorize the physician named below to release information concerning this injury/illness and my related absences to the Lewisville Independent School District Sick Leave Bank representative.

Physician Name:_____ Phone #_____ Fax #_____

Employee Signature:_____ Phone #_____ Date:_____

Family Signature (if employee is unable to sign)_____Relationship _____

Appy ASAP to avoid pay disruptions. Bylaws state you have 60 calendar days from the first eligible SLB absence to apply for benefits.

Physician Information

For all injuries/illness: **DIAGNOSIS AND ICD-10-CM CODE:** _____

Date of earliest treatment/diagnosis: _____

Could recommended treatment be scheduled during the summer break without being detrimental to the patient's health? __ Yes __ No

Treatment or care plan is medically necessary: ☐ Yes ☐ No

Was or will the employee be hospitalized? ☐ Yes ☐ No If so, how long? _____

Anticipated treatments or therapies (include type/date of surgery, if applicable):_____

_____

Employee unable to work from _____**through** _____

Intermittent Leave Only: __ Yes ___ No

Due to the injury/illness, it is medically necessary for the employee to be absent from work on an **intermittent basis** (periodically), including for any episodes of incapacity i.e., episodic flare-ups. Provide your **best estimate** of how often (frequency) and how long (duration) the episodes of incapacity will likely last. **Please attach copy of care plan or dates of scheduled treatments.**

Physician's Signature: _____**Date:** _____**Physician Stamp Required:**_____

FOR DISTRICT USE ONLY

Eligible Member? _____ Eligible absence?_____ 10 consecutive days of absence for personal injury/illness? _____

Number of SLB days used this school year: _____ (max 25) Number of SLB days used in lifetime? _____ (max 100)

# of Eligible Absences _____ less # of Sick/Personal Days available _____ = # SLB Days Available _____

☐ Approved by SLB Board – Number of Days: _____

☐ Not approved or deferred – Reason: _____

Signature of Sick Leave Bank Officer: _____ Date: _____

Return all information to: LISDAC – Benefits Office ATTN: Sick Leave Bank Email: estrada-ortegap@lisd.net

Office: 469-948-8103 Fax: 972-350-9359 Mail: 1565A West Main Street Room A110 Lewisville, Texas 75067