LEWISVILLE ISD SICK LEAVE BANK BENEFITS
CRITICAL CARE/BEREAVEMENT FOR FAMILY MEMBER APPLICATION

EMPLOYEE INFORMATION

Name:_____ Employee ID#: _____

Campus/Location: _____ Position: _____

Date of first absence: _____ Expected Return to Work Date:_____

☐ Critical Care (Name and Relationship of Family Member): _____

☐ Bereavement (Name and Relationship of Family Member):_____

Describe the care you will provide to your family member:_____

_____

_____

I am applying for Sick Leave Bank benefits and request that the physician named below release information concerning my family member's condition to the Lewisville Independent School District Sick Leave Bank representative.

Name of Family Member's Physician: _____ Phone #:_____ Fax #:_____

Employee Signature: _____ **Phone #:** _____ **Date:** _____

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

PHYSICIAN INFORMATION

FAMILY MEMBER'S DIAGNOSIS and ICD-10-CM CODE: _____

Date of earliest treatment/diagnosis: _____ Duration of Condition:_____

FOR ALL SURGERIES: Date of Surgery: _____ Could recommended surgery be scheduled during the summer months without being detrimental to the patient's health? ☐ Yes ☐ No

Was the family member hospitalized due to this diagnosis? ☐ Yes ☐ No If yes, when and for how long?_____

_____

Will the family member be incapacitated for a single continuous period of time? ☐ Yes ☐ No

If yes, estimate the beginning and ending dates for the period of incapacity: _____ to _____

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

FOR DISTRICT USE ONLY

Eligible member? _____ Eligible absence? _____ 10 consecutive days of absence for personal injury/illness? N/A

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

Calculation of SLB days:

# 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 Bank Officer: _____ Date: _____

Return all information to: Lewisville ISD Administrative Center, Benefits Office Attn: Sick Leave Bank
Email: estrada-ortegap@lisd.net Office: 469-948-8103 Fax: 972-350-9359 1565A W Main Street Lewisville, Texas 75067

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