

MOSCOW SCHOOL DISTRICT 281 SICK LEAVE BANK APPLICATION FORM

Name _____ Date _____

Position _____ Building _____ Telephone _____

Contact Person and Number _____

Is this your first application this fiscal year? *The maximum days per request is thirty (30)*

YES _____ Number of Days Requested _____

NO _____ Number of Days Requested _____ (a new statement must be filled out below or attached to this application.)

APPLICANT'S STATEMENT:

I understand that if the Physician, Osteopath, Chiropractor, or Practitioner (hereafter referred to as "Licensed Health Care Provider") deems it necessary, I may apply for additional days. I also realize that if I am released by my Licensed Health Care Provider earlier than expected, all unused Sick Leave Days are automatically remitted back to the Sick Leave Bank. I authorize the Sick Leave Bank committee to confer with my Licensed Health Care Provider in regard to the number of days for my recuperation and to review any documents from my Licensed Health Care Provider that I have submitted as part of this application.

Applicant's Signature _____

*THIS DOCUMENT MUST CONTAIN THE SIGNATURE OF THE APPLICANT***LICENSED HEALTH CARE PROVIDER STATEMENT:**

Nature of illness or accident and treatment that prevents the employee from performing their work duties: _____ _____ _____			
Estimated date that patient may return to work _____		Estimated number of days needed for recovery _____	
Date _____	Printed Name _____	Signature _____	
Telephone _____		Address _____	
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

COMMITTEE USE ONLY

Request Granted:	Sick Leave Bank Days Granted (max.30):
Request Denied:	Reason:
Signature of Sick Leave Bank Committee Chair:	

PAYROLL USE ONLY

Date:	Last Date Physically at Work:
Number of Days Requested:	Sick Leave Days Available:
Number of Days Awarded:	If Classified , Vacation Days Available:
Number of Days Returned to Sick Leave Bank:	Expected Date of Return to Work:

Copies to: _____ Sick Leave Bank Committee _____ Payroll Office _____ Employee