

APPLICATION FOR ITALY ISD SICK LEAVE BANK BENEFITS

Name _____ Employee # _____ Birthdate _____

First date of absence _____ Date returning to work _____

Injury/Illness causing the absences: _____

I am applying for Sick Leave Bank Benefits and authorize the physician named below to release information on this illness/injury and absences to Italy Independent School District.

Physician _____ Physician's Telephone _____

Employee/Designee Signature _____ Work Site _____

Authorized Family Member Signature _____ Date _____

Apply as soon as possible (within 30 days) to avoid pay disruption or benefit loss.

Eligibility is not determined until doctor's statement is received.

FOR ALL ILLNESSES/INJURIES:

Earliest treatment or diagnosis date (to your knowledge): _____

Related pre-existing conditions: _____

FOR ALL SURGERIES:

Could recommended surgery be scheduled during extended school breaks such as Summer or Winter Break without being detrimental to this patient's health?

Yes? _____ No? _____

Anticipated treatments/therapies after initial release for work:

This patient was (will be) unable to work from _____ through _____.

*****FOR DISTRICT USE ONLY*****

Eligible Member? _____ Eligible Absence? _____ 10 Consecutive Days? _____

SLB days used by member this term _____ (max 25): Lifetime _____ (max 75).

Consecutive eligible absences (or planned absences) _____

- Balance of sick/personal leave _____

= Maximum number of benefit days APPROVED _____

Or Not Approved for these reasons:

Signature of Sick Leave Bank Officer: _____

Date: _____

Return all information to:

Human Resources-c/o Danette Dearing ddearing@italyisd.org

Italy ISD

300 S. College

Italy, TX 76651