

PROFESSIONAL STAFF LEAVES AND ABSENCES
(Medical Information Release Authorization)

To: THE HILLSBORO R-III TEMPORARY DISABILITY LEAVE BANK COMMITTEE

Re: _____ (print name of applicant)

The Hillsboro R-III Temporary Disability Leave Bank Committee is hereby authorized to review all materials I have provided in my application for paid sick leave days from the Temporary Disability Leave Bank including, but not limited to, a copy of any birth records, X-ray films and other medical films or images, all hospital records, doctors' notes, nurses' notes, laboratory tests or studies, consultations and referrals, admitting and discharge summaries, histories, diagnoses, courses of treatment, prognoses, reports of all surgical or nonsurgical procedures and any specimens generated as a result thereof, social service records, outpatient records, and bills. A copy of this release shall be considered to have the same authority as an original. I request that the Temporary Disability Leave Bank Committee advise the R-III School District's superintendent or designee if it recommends my application for sick days from the Leave Bank and the number of days recommended.

Signature of Applicant: _____

Printed Name of Applicant: _____ Date: _____

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 05/20/2008

Hillsboro R-III School District, Hillsboro, Missouri