

## Instructions for Application to Use Days from Sick Leave Bank

- Pg. 1        **Employees:** Please complete all blanks, sign and date
- Pg. 2        Please do not fill out-committee use only
- Pg. 3        Physician use only: Please have your treating physician complete, sign and date this page.
- Pg. 4        **Employees:** Sign, fill in position and campus/department.

**Upon completion, return all documents to the Risk Management Department (Benefits Office).**

## Instrucciones para Aplicación para Usar Días del Banco para Faltar por Razones de Enfermedad

- Página 1        **Empleados:** Favor de llenar o completar todos los espacios, firmar y escribir la fecha en esta página
- Página 2        Favor de no llenar – uso del comité solamente
- Página 3        Doctor: Favor de pedirle al doctor o médico que lo está tratando que complete, firme y escriba la fecha en esta página
- Página 4        **Empleados:** Únicamente firmar esta página

**Regrese todos los documentos a la oficina de Beneficios.**

**FOR PERSONNEL USE ONLY:**

Member: Yes \_\_\_\_\_ No \_\_\_\_\_

Date Joined SLB \_\_\_\_\_

Date of Hire \_\_\_\_\_

Employee Category Prof. Para. Class.

Pre-existing Condition Y N ?

Consecutive 5 days absence met? Y N

*Please note: The Sick Leave Bank Board of Directors MAY refuse to consider a request for Sick Leave Bank days which does not include all of the information requested in the Application and the Attending Physician's Statement.*

**IISD SICK LEAVE BANK  
Request for Sick Leave Bank Days**

Name: \_\_\_\_\_ Emp #: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_  
City State Zip

Position/Assignment: \_\_\_\_\_ School/Department: \_\_\_\_\_

Length of Time Employed by IISD: \_\_\_\_\_ years \_\_\_\_\_ months

Days Absent Current School Year: \_\_\_\_\_ I have donated three (3) days of my local sick leave and am a member of the Sick Leave Bank.

Reason for Requesting Bank Sick Leave Days:

I have (or will have) used all of my available state and local sick leave days for this year.

Number of days requesting from the Bank: \_\_\_\_\_

Bank Sick Leave Days should begin: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

The above requested days are needed for the reason of personal illness or injury as described:

\_\_\_\_\_

To my knowledge this condition did not exist on the day I joined the IISD Sick Leave Bank.

A statement from my physician (SLB Page 3) is attached. To assist in processing this request, I authorize the Executive Director and/or Board of Directors of the IISD Sick Leave Bank to contact and discuss my medical condition with my physician who completed the attached Physician's Statement.

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature

**PLEASE COMPLETE AND RETURN TO: BENEFITS COORDINATOR (1307) AT THE  
ADMINISTRATION BUILDING.**

**IRVING INDEPENDENT SCHOOL DISTRICT  
EMPLOYEES' SICK LEAVE BANK**

ATTENDING PHYSICIAN'S STATEMENT

Patient's Name: \_\_\_\_\_

Nature of sickness or illness: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the **earliest date** this patient was treated for this condition? \_\_\_\_\_

Is patient still under your care? YES \_\_\_\_\_ NO \_\_\_\_\_

Give dates of treatment:

\_\_\_\_\_

How long was or will patient be **continuously totally unable to work?** \_\_\_\_\_

\_\_\_\_\_

Give dates hospitalized, if any, and name and address of hospital:

Date admitted: \_\_\_\_\_ Date discharged: \_\_\_\_\_

\_\_\_\_\_

Name of hospital: \_\_\_\_\_ Address of hospital: \_\_\_\_\_

\_\_\_\_\_

**Date patient can return to work:** \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Type or print physician's name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Office address: \_\_\_\_\_

Street

City

Zip

Physician's office telephone number: \_\_\_\_\_

Date \_\_\_\_\_

Ms. Jeanette Severson, Coordinator of Benefits  
Irving Independent School District  
2621 W. Airport Freeway  
Irving Texas 75062

Dear Ms. Severson:

I write in request of \_\_\_\_\_ days of EXTENDED LOCAL SICK LEAVE. I have been absent for the reason of

\_\_\_\_\_  
\_\_\_\_\_

I am a member of the Sick Leave Bank. I have exhausted all accumulated sick leave and I have applied to the Bank; however, I am still in need of days for which I am being docked.

Your consideration of my personal need is appreciated.

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Campus

\_\_\_\_\_  
Assignment

FOR OFFICE USE ONLY

This employee applied to the Bank on \_\_\_\_\_ (date) for sick leave days and received \_\_\_\_\_ day(s) from that source of relief.

There is still a need of \_\_\_\_\_ day(s) for which the employee has been fully docked his/her daily rate of pay.

Pay period \_\_\_\_\_ - \_\_\_\_\_ days  
Pay period \_\_\_\_\_ - \_\_\_\_\_ days