SICK LEAVE BANK APPLICANT CHECK LIST

For your assistance, the Sick Leave Bank Approval Committee suggests that you use this check list to insure that all parts of your Sick Leave Bank application are completed, <u>fully</u> and <u>accurately</u>.

REQUEST FORM

( )   Checked request to DRAW or RETURN box.
( )   Completed Date of Birth.
( )   Completed Employee ID Number.
( )   Date of Application (reflects date form submitted).
( )   Name and address reflect current information.
( )   Completed School/Work location and Position.
( )   Completed Personal Email (selected yes or no for emailing actions).
( )   Phone number(s) reflect current information.
( )   Indicated current teaching status (Work year and length).
( )   Indicated exact duty/working days to be covered. There must be a <u>starting</u> and <u>concluding</u> <u>date</u>. No more than 20 days may be requested on an application.
( )   Showed total number of duty days coverage requested in this grant application.
( )   Checked box to indicate if the application is an <u>extension</u>.
( )   Completed sections for Workers' Compensation.
( )   Selected release of medical doctor's statement for FMLA if applicable.
( )   Signed and dated application.
( )   School Administrator has signed and dated the "Verification of Absence" section.

MEDICAL INFORMATION FORM

Patient Completed:
( )   Name and address section.
( )   Signed/dated Authorization to Release Information
( )   Medical Doctor's name, address, and phone number.

Medical Doctor Completed:
( )   Medical statement in lay language with as much explanation as possible, and treatment provided.
( )   Disability dates (Section 1), Return to work (Section 2a or b). Dates requested on application fall within disability dates.
( )   <u>Signed</u> and dated statement.
( )   Name, address, and phone number information.

NOTE: Until the Sick Leave Bank Approval Committee has received <u>both</u> the Request Form and Medical Information Form, it cannot act. The applicant bears the responsibility for the completion of the forms.