

Brevard Public Schools

Application for Use of Sick Leave Bank

(Must be submitted at least 14 calendar days prior to the effective date of bank utilization)

Name: _____ Employee ID Number: _____

Phone: Home _____ School or Department Number: _____
Work _____ Contract or Hourly Employee: _____

I wish to apply for use of the Brevard Public Schools Sick Leave Bank for the length of time specified herein and under the conditions and restrictions as described in the official Sick Leave Bank guidelines as adopted by Brevard Public Schools.

I am a member of the Brevard Public Schools Sick Leave Bank and hereby request:

Number of days: _____

Date from: _____ Date through: _____

Date sick leave exhausted (if known) _____

I have read, understand, and agree to adhere to the official sick leave bank guidelines as adopted by the Board.

I understand, in the event my circumstances change so as to require the use of less than the total days applied for herein, it is my duty to notify my Supervisor in writing of such change and the reason therefore.

I understand that statements from a licensed medical doctor covering the total number of days requested and a completed Leave of Absence form must accompany this application.

Signature of Applicant

Date

Please check the following:

<input type="checkbox"/>	Detailed doctor's statement attached
<input type="checkbox"/>	Copy of Leave of Absence form signed by supervisor attached
<input type="checkbox"/>	Is this a pre-existing condition? <u>Yes/No</u> Not answering may delay application processing.

Note: If on a Long Term Disability claim Sick Bank is considered a deductible source of income.

APPLICANT IS TO SIGN AND SEND ALL COPIES TO PAYROLL

To be completed by sick leave bank committee:

Number of days approved _____

Request disapproved _____

Signature of Sick Leave Bank Committee Representative

Reason disapproved _____

Acknowledged for Processing: _____

Assistant Superintendent for Human Resource Services