



# CLINT INDEPENDENT SCHOOL DISTRICT DEPARTMENT OF HUMAN RESOURCES

## Sick Leave Bank Request

(Send completed form to the Human Resources Dept.)

Name \_\_\_\_\_  
Campus \_\_\_\_\_  
Date of Hire \_\_\_\_\_

SS# \_\_\_\_\_  
Job Title \_\_\_\_\_  
Cell Phone # \_\_\_\_\_

**REASON:** *I understand that donated days may only be used for sick leave purposes only.*

- ☐ For my own catastrophic medical condition.  
☐ To care for family member (spouse, child or parent) who has a catastrophic medical condition.  
Please provide name of family member: \_\_\_\_\_

Catastrophic is defined as being of a serious nature, not a mere passing disorder or temporary ailment, requiring treatment by a physician and/or hospital admittance. Although some degree of permanency is usually involved, the disease need not necessarily be incurable or permanent.

### **ELIGIBILITY:**

I have to be a contributing member of the Sick Leave Bank  
I have to have exhausted all paid leave  
I have to have completed a minimum of 90 days employed and be a full-time employee

I am requesting \_\_\_\_\_ days from the Sick Leave Bank (Maximum of 30 days per school year).  
In accordance with DEC (Regulation), I am in need of leave to cover an unexpected acute illness/major medical condition. I have exhausted all accumulated state and local leave days including extended sick leave as of \_\_\_\_\_ and request that days be donated to me.  
*Date*

Please give a brief description of your need. Medical certification must be submitted with this request.

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

I certify that the foregoing information is correct. I understand that falsification of any information submitted to the Sick Leave Bank Board or my failure or refusal to promptly provide any information requested by the Sick Leave Bank Board may delay benefits provided to me or disqualify me for benefits and result in revocation of my membership. I hereby authorize Clint ISD to receive medical health information as to any physical and/or mental condition for myself.

\_\_\_\_\_  
Employee Signature

☐ **Approved**

\_\_\_\_\_  
Date

☐ **Denied**

\_\_\_\_\_  
Signature of Governing Board Chair Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Governing Board Secretary

\_\_\_\_\_  
Date