

**CATASTROPHIC SICK LEAVE REQUEST FORM
LANETT CITY BOARD OF EDUCATION**

Section I: NOTE: An employee must be a member of the sick leave bank and receive approval from the Board prior to participating in the catastrophic leave plan.

Name of Employee: _____ School/Work Site: _____

Home Address: _____

Home Address: _____

Section II: Description of Illness/Injury – To be completed by employee requesting catastrophic sick leave.

A description of my illness/injury is as follows:

Employee's Signature: _____ Date: _____

Section III: Attending Physicians Statement (REQUIRED)

Note: The attending Physician should complete this section of your catastrophic leave form OR submit a signed excuse on your behalf stating ALL of the below required information.

Name of Physician: _____ Phone Number: _____

Business Address: _____

Business Address: _____

Physician's Statement as to why employee listed above should be granted leave:

Expected date for leave to begin: _____

Expected date employee can return to normal work responsibilities: _____

Physician's Signature: _____ Date: _____

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Board USE:

The above recommendation was presented to the Lanett City Board on Date _____.

Recommended by Superintendent _____ Yes _____ No

Approved by Board _____ Yes _____ No