

Teacher Sick Leave Bank  
Request Form

Employee Section

1. Name \_\_\_\_\_
2. Description of accident or illness \_\_\_\_\_  
\_\_\_\_\_
3. Accident or illness due to employment? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Have you or will you be filing a claim for Workman's Compensation Benefits? Yes \_\_\_\_\_  
No \_\_\_\_\_
5. Date of accident or beginning of illness \_\_\_\_\_
6. Has it been verified through the Central Office that you have used all of you  
Professional/Personal and Sick Leave Days? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Number of days requested from the Sick Leave Bank \_\_\_\_\_

Payroll will take no action in anticipation of approval. Sick Leave Bank Committee decision must be official before the payroll department gives payment.

I hereby relieve the Grundy County Board of Education, the Grundy County Education Association, and the Grundy County Sick Bank Trustees from any liability as a result of action taken or decisions rendered regarding my sick leave application.

Signature of Employee	Date
=====	

Authorization to Release Information:

I hereby authorize my physician or medical facility to release any information regarding the nature of my illness or the extent of my injuries to the Teacher's Sick Leave Bank Committee, and a date when I may be expected to return to work.

Signature of Employee	Date
=====	

Physician or Provider Complete this section:

Diagnosis or nature of illness or injury: \_\_\_\_\_

Date first consulted for this condition: \_\_\_\_\_

Hospital confinement dates: \_\_\_\_\_

Date patient should be able to return to work \_\_\_\_\_

Signature of Physician/Provider	Date	Physician Phone Number
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Chairperson's  
Signature \_\_\_\_\_

=====  
Committee

Recommendation:            Approved\_\_\_\_\_ Declined\_\_\_\_\_

Chairperson's  
Signature\_\_\_\_\_