

REQUEST FORM FOR USE OF ON-THE-JOB INJURY DAYS

CHILTON COUNTY BOARD OF EDUCATION

Clanton, Alabama

DIRECTIONS: This Form must be completed by the employee who seeks approval for use of on-the-job injury sick leave days approved under provisions of The Code of Alabama, 16-1-18.1. In such instances, the employee must complete this form and file it with the Superintendent or designee. The Form should be submitted only after it is determined by a licensed physician that the employee has suffered an on-the-job injury resulting in a temporary disability and that the disability makes it necessary for the employee to take on-the-job injury sick leave days.

I, _____, would like to request the Superintendent to recommend to the Board approval for my use of a total of _____ on-the job injury sick leave days covered under The Code of Alabama, 16-1-18.1. The number of days requested is based on:

- _____ sick leave days I have already used for recuperative purposes
- _____ my physician's recommendation on the number of days needed for recuperative purposes
- _____ my physician's estimate of the number of days needed for recuperative purposes

Further, I have completed the following requirements based on Board policy:

- _____ Submitted a completed School System Report of On-The-Job Injury Form (filed GALBAF-F1)
- _____ Submitted a completed Physician Certification Form (filed GALBAD-F1) signed by a licensed physician that describes the nature and extent of the injury, verifies that the injury has caused a temporary disability, and the estimated time needed for recuperation.

Note: I understand that a completed School System Report of On-The-Job Injury Form and a Physician Certification Form must be on file with the Superintendent or designee prior to any consideration being given by the Board to my request.

Name of Employee

Date