



Division of Human Resources
SICK LEAVE APPLICANT INFORMATION SHEET
(Please Print)

Applicant's Name: _____

Position: _____ Location: _____

How long in this position? _____

Have you ever applied to the Sick Leave Bank? Yes No -- If yes, provide dates, number of days used, and an explanation of the reason for your previous application.

Is this illness or injury due to a work-related condition? Yes No -- If yes, please explain.

Why is the illness/accident/injury considered catastrophic?

If having surgery, is it of an emergency nature? Yes No -- If yes, please explain.

Do you expect to have a normal recovery time; if not, why?

Anticipated return to work date: _____

Based on your years with the school district, please explain why sick leave has been exhausted. Please explain in detail. _____

Do you accrue vacation? Yes No

Special note: If you are reimbursed through legal action for loss of pay, you are not eligible to participate in the Sick Leave Bank.