

LEWISVILLE ISD SICK LEAVE BANK BENEFITS

EMPLOYEE'S PERSONAL ILLNESS/INJURY APPLICATION

EMPLOYEE INFORMATION

Name: _____ Employee ID#: _____

Campus/Location: _____ Position: _____

Date of first absence: _____ Expected Return to Work Date: _____

Employee's Personal Injury/Illness (Specify medical condition) _____

I am applying for Sick Leave Bank benefits and authorize the physician named below to release information concerning this injury/illness and my related absences to the Lewisville Independent School District Sick Leave Bank representative.

Name of Physician: _____ Phone #: _____ Fax #: _____

Employee Signature: _____ Phone #: _____ Date: _____

Family Signature (if employee is unable to sign): _____ Relationship _____

Apply ASAP to avoid any pay disruption. Bylaws state you have 60 calendar days from the first eligible SLB absence to apply for benefits.

PHYSICIAN INFORMATION

For all injuries/illness: **DIAGNOSIS and ICD-10-CM CODE:** _____

Date of earliest treatment/diagnosis: _____

Could recommended treatment be scheduled during the summer break without being detrimental to the patient's health? Yes No

Was or will the employee be hospitalized? Yes No If yes, how long? _____

Anticipated treatments or therapies (include type/date of surgery, if applicable): _____

Employee unable to work from _____ through _____

Physician's Signature: _____ Date: _____ Physician's Stamp Required: _____

FOR DISTRICT USE ONLY

Eligible member? _____ Eligible absence? _____ 10 consecutive days of absence for personal injury/illness? _____

Number of SLB days used this school year: _____ (max 25). Number of SLB days used during lifetime? _____ (max 100).

of Eligible Absences _____ less # of Sick/Personal Days available _____ = # SLB Days available _____

Approved by SLB Board - Number of Days: _____

Not approved or deferred – reason: _____

Signature of Bank Officer: _____ Date: _____