

**LEWISVILLE ISD SICK LEAVE BANK BENEFITS  
CRITICAL CARE/BEREAVEMENT FOR FAMILY MEMBER APPLICATION**

**EMPLOYEE INFORMATION**

Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Campus/Location: \_\_\_\_\_ Position: \_\_\_\_\_

Date of first absence: \_\_\_\_\_ Expected Return to Work Date: \_\_\_\_\_

☐ Critical Care (Name and Relationship of Family Member): \_\_\_\_\_

☐ Bereavement (Name and Relationship of Family Member): \_\_\_\_\_

Describe the care you will provide to your family member: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am applying for Sick Leave Bank benefits and request that the physician named below release information concerning my family member's condition to the Lewisville Independent School District Sick Leave Bank representative.

Name of Family Member's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

**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**

**FAMILY MEMBER'S DIAGNOSIS and ICD-10-CM CODE:** \_\_\_\_\_

Date of earliest treatment/diagnosis: \_\_\_\_\_ Duration of Condition: \_\_\_\_\_

**FOR ALL SURGERIES:** Date of Surgery: \_\_\_\_\_ Could recommended surgery be scheduled during the summer months without being detrimental to the patient's health? ☐ Yes ☐ No

Was the family member hospitalized due to this diagnosis? ☐ Yes ☐ No If yes, when and for how long? \_\_\_\_\_

\_\_\_\_\_

Will the family member be incapacitated for a single continuous period of time? ☐ Yes ☐ No

If yes, estimate the beginning and ending dates for the period of incapacity: \_\_\_\_\_ to \_\_\_\_\_

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? N/A

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

Calculation of SLB days:

# 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: \_\_\_\_\_

Return all information to: Lewisville ISD Administrative Center, Benefits Office Attn: Sick Leave Bank  
Email: estrada-ortegap@lisd.net Office: 469-948-8103 Fax: 972-350-9395 PO Box 217 Lewisville, Texas 75067