

**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: \_\_\_\_\_

Return all information to: Lewisville ISD Administrative Center, Benefits Office Attn: Sick Leave Bank  
Email: Rosasa@lisd.net Office: 469-948-8103 Fax: 972-350-9359 PO Box 217 Lewisville, Texas 75067