

# SICK LEAVE BANK INSTRUCTION SHEET

Only persons who are members of the Sick Leave Bank may apply. Sick Leave bank awards are based upon medical necessity and eligibility.

Make sure this application is complete. Your health care provider MUST include a "diagnosis, treatment plan, and estimated return to work date".

Only original signatures from physicians -- M.D., D.O., D.P.M. -- will be accepted on applications. A licensed nurse practitioner may sign on sick leave bank requests but not on catastrophic leave bank requests. A diagnosis of mental or emotional illness must be accompanied by a psychiatrist's signature.

If this illness or injury is work related, you may be eligible for Workers' Compensation. If eligible, you MAY NOT apply to the Sick Leave Bank.

## AEA MEMBERS ONLY

A false statement by the AEA member regarding sick leave is sufficient grounds for cancellation of the contract and recommendation for revocation of the teaching certificate.

Check the type of leave you are applying for:

Part A: To Be Completed by Applicant  
(Please Print)

- Sick Leave Bank Request  
 Catastrophic Leave Bank Request

Last Name	First Name	( P S O R \ H # I , ' )
Mailing Address	Home Phone	Job Title/Work Location

- Yes       No  
 Yes       No  
 Yes       No

Applicant's Signature	Date
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Part B: To Be Completed by Physician      This employee is soliciting a leave award from co-workers.  
 Please complete the following information. Be as specific as possible.

Nature of Illness: If you need more space, attach an additional sheet.

Medical Diagnosis (Diagnosis of Emotional or Mental Illness must be completed by a psychiatrist/psychiatric nurse practitioner ).

Treatment Plan: (Explain regimen of treatment prescribed indicating number of visits, nature and duration of treatment,

Beginning Date of Illness

Date Patient Able to Return to Work