

# APPLICATION FOR SICK BANK LEAVE

**PLEASE COMPLETE THIS APPLICATION AND PROVIDE YOUR PHYSICIAN WITH THE PHYSICIAN CERTIFICATION FORM. COMPLETED APPLICATION AND FORMS SHOULD BE RETURNED TO:**

Sick Bank Chairman, Garrett Barnes  
1615 Wilkins Ave.  
Jonesboro, AR 72401

EMPLOYEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
SCHOOL LOCATION: \_\_\_\_\_ POSITION: \_\_\_\_\_  
HIRE DATE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PATIENT'S NAME (IF DIFFERENT FROM EMPLOYEE): \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NUMBER OF DAYS OF ACCUMULATED LEAVE AVAILABLE AS OF DATE OF THIS APPLICATION:  
SICK \_\_\_\_\_ GRATUITY \_\_\_\_\_ VACATION (IF APPLICABLE) \_\_\_\_\_

IF YOU HAVE FEW OR NO ACCUMULATED SICK DAYS, PLEASE GIVE BRIEF HISTORY OF HOW DAYS WERE USED: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN GRANTED DAYS FROM THE SICK BANK? \_\_\_\_\_ IF YES, WHEN AND WHY?  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE ANY RELATIVE EMPLOYED BY JONESBORO PUBLIC SCHOOLS WHO WOULD BE ELIGIBLE TO DONATE SICK LEAVE UNDER THE "SHARED SICK LEAVE" POLICY? \_\_\_\_\_

DO YOU HAVE ANY DISABILITY INSURANCE? \_\_\_\_\_

REQUESTED EFFECTIVE DATE FOR SICK BANK LEAVE: \_\_\_\_\_

NUMBER OF SICK BANK DAYS REQUESTED (this should be AFTER all sick, gratuity and vacation days have been used....Please do not count weekends, holidays or non contracted days): \_\_\_\_\_

IF DAYS REQUESTED ARE FOR SURGERY, COULD THIS SURGERY BE SCHEDULED DURING NON-CONTRACTED DATES (IF APPLICABLE)? \_\_\_\_\_ IF NO, IS THIS DUE TO DOCTOR RECOMMENDATION? \_\_\_\_\_

PLEASE GIVE SPECIFIC DETAILS REGARDING THE NATURE OF THE ILLNESS OR INJURY FOR WHICH YOU ARE REQUESTING SICK BANK DAYS: (ATTACH ADDITIONAL SHEET IF REQUIRED)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## Physician Certification

1. Employee's Name

2. Patient's Name (if different from employee)

\_\_\_\_\_

3. Does the patient's condition qualify under any of the categories described on page 4? If so, please check the applicable category.

(1)\_\_\_\_\_ (2)\_\_\_\_\_ (3)\_\_\_\_\_ (4)\_\_\_\_\_ None of the above \_\_\_\_\_

4. **Describe the medical facts which support your certification, including a brief statement as to how the medical facts meet the criteria of one of these categories (TO BE CONSIDERED DOCTOR MUST FILL THIS OUT COMPLETELY):**

5. Could the patient wait until summer or vacation to have his procedure? \_\_\_\_

—

6. State the approximate date the condition commenced, and the probable duration of the condition (and also the probable duration of the patient's present incapacity<sup>1</sup> if different):

<sup>1</sup> Incapacity, for purposes of a Sick Bank paid leave request, is defined to mean inability to work or perform other regular daily activities due to the serious health condition, required treatment or recovery.

7. a. If additional treatments will be required for the condition, provide information regarding the type of treatment and any possible subsequent side affects.

b. If the patient will be absent from work because of treatment on an intermittent basis, also provide an estimate of the probable number of and interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery if any:

8. Please describe your job and the type of work you are required to do.

a. If medical leave is required for the employee's absence from work because of the employee's own condition, is the employee unable to perform work of **any kind**?

**Must list below what the applicant cannot do. Yes or no answers not accepted.**

b. If able to perform **some work**, is the employee unable to perform any one or more of the essential functions of the employee's job (the employee should supply you with information about the essential functions (see #8 above))? *If yes, please list the essential functions the employee is unable to perform.*

*Please use the checklist below to indicate the functions that the employee can do.*

Sit at a desk

Able to stand for (any/some) time.

Walk for short amounts of time.

Bend comfortably

Supervise children

Lift amounts under 5 lbs.

Lift amounts over 10 lbs.

Raise arms

c. If neither a. nor b. applies, is it necessary for the employee to be absent from work for treatment?

d. Do the medications prescribed to the patient keep them from performing their duties?

9. a. If leave is required to care for a family member of the employee with a serious health condition, does the patient require assistance for basic medical or personal needs or safety?

b. If the patient will need care only intermittently, please indicate the probable duration of this need:

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Type of Practice

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Date

---

**To be completed by the employee needing family leave to care for a family member:**

State the care you will provide and an estimate of the period during which care will be provided, including a schedule if leave is to be taken intermittently or if it will be necessary for you to work less than a full schedule:

\_\_\_\_\_  
Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A “**Serious Health Condition**”, for purposes of paid Sick Bank leave, means an illness, injury impairment, or physical condition that involves one of the following:

1. Hospital Care

Inpatient care (*i.e.*, an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity<sup>1</sup> or subsequent treatment in connection with or consequent to such inpatient care.

2. Surgery (Non-elective)

A period of absence due to an **urgent** surgical procedure which also results in a period of incapacity<sup>1</sup>.

3. Permanent /Long-term Conditions Requiring Supervision

A period of incapacity<sup>1</sup> which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of a health care provider. Examples include a severe stroke or the terminal stages of a disease.

4. Multiple Treatments

Any period of absence to receive multiple treatments (including any resulting period of recovery) by a health care provider either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity<sup>1</sup> of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), and kidney disease (dialysis).