

**CELINA CITY SCHOOLS  
CERTIFIED SICK LEAVE BANK REQUEST FORM**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date of hire: \_\_\_\_\_

Years of experience: \_\_\_\_\_

Building: \_\_\_\_\_

Nature of illness or injury: \_\_\_\_\_

\_\_\_\_\_

***TO BE COMPLETED BY PHYSICIAN***

***Name of physician:*** \_\_\_\_\_

***Address of physician:*** \_\_\_\_\_

***Phone Number of physician:*** \_\_\_\_\_

***Physician's diagnosis and prognosis of illness and injury:*** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Projected date of return to duty:*** \_\_\_\_\_

***Physician Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

Have you applied for STRS disability? \_\_\_\_\_ When? \_\_\_\_\_

Has STRS disability been approved? \_\_\_\_\_

Previous leave usage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of sick days left: \_\_\_\_\_

Has the applicant been extended five (5) days under the CEA Master Agreement? \_\_\_\_\_

Are you a current member of the sick leave bank? \_\_\_\_\_

Date of your most recent donated day(s): \_\_\_\_\_

Additional information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of the employee: \_\_\_\_\_

Date of the application: \_\_\_\_\_



Committee meeting date: \_\_\_\_\_

Committee members present:

_____	_____
_____	_____
_____	_____
_____	_____

Approval: \_\_\_\_\_ Yes \_\_\_\_\_ No

Number of days approved: \_\_\_\_\_

Effective date: \_\_\_\_\_

Superintendent's signature: \_\_\_\_\_

\*\*All information will be kept confidential.

\*\*Complete application in its entirety before a hearing will be conducted.

## Rules

- The member must make a donation of one (1) sick day to the sick leave bank each October to maintain membership in the bank.
- An employee may withdraw from participation in the bank at any time but the days they have donated are not refundable to them.
- Only members of the sick leave bank are eligible to receive sick leave bank benefits.
- The employee who is using the donated sick leave bank will not earn additional sick leave while receiving this benefit.
- The sick leave bank cannot be used if the employee has applied for and/or been granted disability retirement.
- Confirmation of a sick leave bank request will be made by the sick leave bank committee as outlined in Article 20.12 of the negotiated agreement.
- An employee, not electing membership when employed or at the start of the sick leave bank, must make up all days which would have been deducted from the start of the program or employment, to become eligible for participation in the sick leave bank.

Cc: file  
Committee Members  
Treasurer

February 2025