

**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 ten (10) 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 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 done by the sick leave bank committee as outlined in Article 20.11 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 2024