

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

Name: _____

Position: _____

Date of hire: _____

Years of experience: _____

Assigned Department Location: _____

Classification: _____

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 SERS disability? _____ When? _____

Has SERS disability been approved? _____

Previous leave usage: _____

Number of sick days left: _____

Has the applicant been extended five (5) days under Ohio law? _____

Are you a current member of 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

- Only members of the sick leave bank are eligible to receive sick leave bank benefits.
- Sick leave bank cannot be used in lieu of application for SERS disability.
- No more days can be given than needed by the employee to serve out the remaining work year.
- The employee who is using the donated sick leave bank will not earn additional sick leave while receiving donated leave days.
- The employee must first exhaust his/her own Sick Leave, Personal Leave, and Vacation Leave days before utilizing Sick Leave Bank days.
- The employee will be granted up to 20 days per request.

Cc: file
Committee Members
Treasurer

February 2024