

**Celina City Schools**  
**Certified Sick Leave Bank Request Form**

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

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

Date of Hire: \_\_\_\_\_

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

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

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

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

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

Phone number of physician: \_\_\_\_\_

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

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

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 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 employee: \_\_\_\_\_

Date of 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 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