Revised:7/1/2024

Policy #: CGBD/GBDB

SICK BANK

Request Form

The Sick Bank is available to eligible employees who have exhausted all accrued leave and are experiencing an extended, extensive, or catastrophic illness, or injury. Petitioned days are considered by the committee on a case by case basis and "per condition" of illness or injury. Contribution to the bank does not guarantee benefit to the petitioner.

Benefits from the bank may be drawn only for those days of the year identified by the district as workdays for the applicant. Petitions that suggest a "pattern of usage" are subject to denial. Application for benefit must be made in a timely manner in order to ensure no interruption of pay.

Descr	ription of illness or injury:	
Date	of surgery (if applicable)Is this	elective surgery?
Could	d this surgery be conducted during school breaks?	
Next	date of evaluation by a doctor:	
oue to	my extended illness/injury and the expiration of my pe	ersonal, sick and vacation leave days, I am
etitio	oning the Sick Bank Board of Platte Country School Distr	ict #1 for sick leave
ours.	The anticipated period of absence is (from)	(to) .
hereb	by certify that I have met the following criteria:	
1.	I have donated to the sick bank and have exhausted r	ny sick, personal, and vacation leave.
2.	The number of days I am requesting following the School Board Policy addressing participation of the Sick Bank.	
3.	I hereby authorize a review of and full disclosure off all medical records pertinent to this bank request from hospitals, clinics and private practitioners by the Sick Bank Board.	
Signature of Petitioner		Date