

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.

Description of illness or injury:

Date of surgery (if applicable)_____ Is this elective surgery?_____

Could this surgery be conducted during school breaks?_____

Next date of evaluation by a doctor:_____

Due to my extended illness/injury and the expiration of my personal, sick and vacation leave days, I am petitioning the Sick Bank Board of Platte Country School District #1 for _____ sick leave hours. The anticipated period of absence is (from)_____ (to)_____.

I hereby certify that I have met the following criteria:

1. I have donated to the sick bank and have exhausted my 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 sick bank request from hospitals, clinics and private practitioners by the Sick Bank Board.

Signature of Petitioner

Date