

COOK COUNTY SCHOOL DISTRICT # 130

B.I.E.S.P.A., No. 430 APPLICATION FOR SICK LEAVE BANK DAYS

APPLICATION

Name, Last, First	School	Grade/Subject	Date of Application
Address:		Telephone No.	

I hereby make an application for _____ sick leave bank days as provided in Article VIII-G of the Agreement between the Board of Education and the Blue Island Education Association. I have been ill and absent from my position since _____ (date) and I expect to be able to return to work on or about _____ (date). Other disability programs, pensions or insurance payment to which I have access and will be drawing benefits are:

 (Applicant) Approved: _____
 (Building Principal or Supervisor)

PHYSICIAN'S VERIFICATION

INSTRUCTIONS TO DOCTOR:

Please write a statement stating this patient's inability to return to work and a prognosis as to when you feel it is possible that the patient could return to work. Please state nature of illness or injury.

 (PHYSICIAN) (DATE SIGNED)

APPROVAL / DENIAL

TO: _____

FROM: Administrator for Human Resources / Business Manager

Your application for Sick Leave Bank benefit days has been (approved) (denied). Your sick leave bank benefit days will begin on _____ (date) and extend, only if necessary, for a minimum of _____ work days, which would then terminate bank benefits on _____ (date). Our records show that you had _____ days of unused sick leave as of _____ (date). Reason for denial:

 Adm. for Human Resources Date Business Manager