

**APPLICATION FOR USE OF SICK LEAVE BANK
LAS CRUCES PUBLIC SCHOOLS**

EMPLOYEE NAME	EMPLOYEE ID NUMBER	JOB LOCATION	POSITION
ADDRESS		PHONE	

- I understand that I must be a member of the Sick Leave Bank in accordance with Board Policy 232, Procedure 232.E.1, in order to be eligible to borrow from the Sick Leave Bank.
- I understand that the maximum withdrawal from the Sick Leave Bank is 20 days.
- I understand that the district will automatically deduct three (3) days from my sick leave allocation per year until the borrowed days have been repaid or until employment is terminated. I understand that I may choose to repay more than three (3) days per year.
- I understand that before leave may be withdrawn from the sick leave bank that all accrued sick, personal, and annual leave must be used and that no other compensation, such as workers' compensation insurance will be received.

I would like to borrow days from the Sick Leave Bank to cover absences:

1st Day of Absence: MO. _____ DAY ____ YEAR ____ Last day of absence: MO. _____ DAY _____ YEAR _____

SIGNATURE _____ DATE _____

PHYSICIAN'S STATEMENT

PATIENT'S NAME	RELATION TO EMPLOYEE
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Diagnosis: _____

 Recommended _____
 Treatment Plan: _____

 Prognosis: _____

Employee will be unable to work: 1st day of absence: MO. _____ DAY ____ YEAR ____ Last day of absence: MO. ____ DAY ____ YEAR ____

PHYSICIAN'S NAME (type or print)	ADDRESS	PHONE
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PHYSICIAN'S SIGNATURE	DATE
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FOR HUMAN RESOURCES OFFICE AND SICK LEAVE BANK COMMITTEE USE ONLY

Employee will exhaust all available leave on: MO _____ DAY _____ YEAR _____

RECOMMEND APPROVAL: _____ RECOMMEND DISAPPROVAL: _____ APPROVED _____ (#) of days

Committee Member: _____	Date: _____
Committee Member: _____	Date: _____
Committee Member: _____	Date: _____

COMMENTS:

APPROVED: _____ DISAPPROVED: _____

Human Resources Administrator DATE