

Lafayette Parish School Board Sick Leave Bank - Request for Days Form

Social Security Number

Last Name

First Name

Middle Initial

Street / Post Office Box

City, State, & Zip Code

Position (Check One)

Teacher - this includes all positions where the employee must hold a valid Louisiana Teacher's Certificate.

Bus Driver

Other

Employment Status (Check One)

Full Time

Part Time

Number of Days Requesting from the Sick Leave Bank _____

Please have your physician complete the attached medical report form and return it with your application.

Are you currently collecting any of the following sources of income:

	Yes	No		Yes	No
Workers' compensation	<input type="checkbox"/>	<input type="checkbox"/>	Individually-purchased disability	<input type="checkbox"/>	<input type="checkbox"/>
Group Disability	<input type="checkbox"/>	<input type="checkbox"/>	Unemployment	<input type="checkbox"/>	<input type="checkbox"/>
Social Security	<input type="checkbox"/>	<input type="checkbox"/>			

I hereby authorize the Lafayette Parish School Board to release information from my personnel file regarding my medical history, doctor's records and/or letter, and use of sick leave in order that the Sick Leave Bank Committee can determine if I am eligible for leave days from the Sick Leave Bank. I understand the Sick Leave Bank Policy and that the Committee's decision is final. I also affirm that at the time I joined the Sick Leave Bank I was unaware of the condition for which I am requesting days.

Employee's Signature (or Family Member/Agent)

Date Signed

(For HR Use only)

Request Approved: Yes No

Signature of Supt. or Designee

Date

Comments _____

Number of Days Approved _____ Unanimous or For Against