



SICK LEAVE BANK CHECKLIST

**Return Original Application To: Gallup McKinley County Schools
Personnel Office – Sick Leave Bank
ATTN: Jacqueline Strain
P.O. Box 1318
Gallup, NM 87305**

Date: _____ Your Position/Title: _____

Name: _____

School/Work Location: _____

The following will assist employee's requesting days from the Sick Leave Bank as well as provide the Sick Leave Bank Committee with a complete application packet. Please note, all forms are necessary and provide the Sick Leave Bank Committee access to pertinent documentation needed for an informed decision. To reiterate, ALL forms from the checklist must be submitted. Incomplete packets will not be accepted or be presented to the SLB Committee.

- ✓ Sick Leave Bank Application
- ✓ Sick Leave Bank Physician's Statement
- ✓ Supervisor's Assessment Form – sealed envelope
- ✓ Print out of leave used (from iVisions or from site secretary)
- ✓ Second Opinion – If needed and requested by the SLB Committee
- ✓ Sick Leave Bank Checklist

You may send this application through interoffice mail or hand deliver it to Jacqueline Strain in the Personnel Office. **The Sick Leave Bank Committee meets on the third Friday of each month, if necessary.** Completed applications must be submitted to Jacqueline Strain in Personnel by **4:45 pm the Tuesday before the scheduled Sick Leave Bank Committee meeting.**



SICK LEAVE BANK APPLICATION

Return Original Application To: Gallup McKinley County Schools
Personnel Office – Sick Leave Bank
ATTN: Jacqueline Strain
P.O. Box 1318
Gallup, NM 87305

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Date: _____ Position/Title: _____

Name: _____

Mailing Address: _____

Telephone: Home _____ Cell: _____ Work _____

School/Work Location: _____

Principal/Supervisor: _____

Last Day Worked _____ Number of days you are requesting: _____

Nature of Illness: _____

Is this work related? Yes No

Is Surgery Required? Yes No

Date of onset of current illness: _____

Have you requested Sick Leave Bank benefits for this condition previously? Yes No

Have you received Sick Leave Bank benefits previously for an unrelated condition? Yes No

If Yes, when: _____

Physician’s Name _____ Physician’s Number: _____

(Attached Sick Leave Bank Physician’s Statement must be signed with number of days specifically noted)

I agree to abide by the terms of the Sick Leave Bank Policy and Procedures. I understand the Sick Leave Bank Committee decisions are final and are not subject to a grievance procedure. I further understand that the Sick Leave Bank has been formed by the voluntary contribution of accrued sick leave days by employees for employees and as such I waive any right to seek redress for any claim, real or imagined, against the Gallup McKinley County School District.

Applicant’s Signature: _____

Date: _____



SICK LEAVE BANK SUPERVISOR'S ASSESSMENT

Return Original Application To: Gallup McKinley County Schools
Personnel Office – Sick Leave Bank
ATTN: Jacqueline Strain
P.O. Box 1318
Gallup, NM 87301

Date _____ Position/Title: _____

Name: _____

School/Work Location: _____

Name of Employee Requesting SLB Days: _____

Allow me to begin by thanking you for your help in this matter. The following will assist your employee's request for days from the Sick Leave Bank. We are working under the assumption that they have kept you apprised of the situation as well as made you privy to all Physicians' correspondence and prognoses.

At your earliest convenience, please inform the SLB Committee with any information you deem relevant. We would appreciate your opinion and input.

To assure confidentiality, please return in a sealed envelope.

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SICK LEAVE BANK PHYSICIAN'S STATEMENT

Return Original Application To: Gallup McKinley County Schools
Personnel Office – Sick Leave Bank
ATTN: Jacqueline Strain
P.O. Box 1318
Gallup, NM 87305
FAX: (505) 721-1142

Patient's Name: _____

Patient's Address: _____

I authorize _____ to release all records, including but not limited to medical and/or psychological records related to tis claim to the GMCS Sick Leave Bank Committee members, if necessary.

Employee Signature: _____ Date: _____

MEMO TO PHYSICIAN:

The employee requesting this statement is applying to the Gallup-McKinley County Schools' Sick Leave Bank, a program which is made possible by the voluntary contribution of accrued sick leave days by employees for employees. Paid sick leave days from the Sick Leave Bank are available to SLB members who have exhausted all accumulated leave and are experiencing a serious/catastrophic illness or injury.

Please provide the Sick Leave Bank all of the information requested. If more space is needed, please attach documents to this statement. An incomplete statement will either delay processing or cause the denial of the employee's application which will result in a "docking" or "stop pay" situation as the employee has exhausted all paid leave. Please print your entries. Thank you for your cooperation.

Date Medical Condition Began: _____

DIAGNOSIS AND NATURE OF ILLNESS: _____

PROGNOSIS: _____

Have you treated the patient previously for this condition? YES NO

Return to Work date: _____ (Must be a specific date or the days approved may differ from the dates needed)

Will patient be able to return to work on the ending date with no limitations and be considered Fit for Duty? YES NO

Projected Date patient will be able to return with No Limitations: _____

Please Circle One: PHYSICIAN PSYCHIATRIST LICENSED CLINICAL PSYCHOLOGIST

Physician's Signature _____

Date _____