☐ Professional	☐ Classified

SICK LEAVE BANK GRANT REQUEST

Please return this form to the Department of Human Resources in a sealed envelope marked "SICK LEAVE BANK - CONFIDENTIAL."

Name:						
Last First	MI		Employee ID Numbe	er Application Date		
AddressStreet City		State	Zip	() Home Telephone		
School/Dept:	Position:					
Was illness/accident work related? ☐ Yes ☐ No Will you be working for any other employer or for CCPS		-	_			
Authorization to Release Information: I hereby authorize treatment or examination. If detailed information is not prov. Committee's request. <i>I understand that failure to submit sufficients</i>	vided, I understar	d that it	may be necessary	to submit more medical statements at the		
Signature:	Date:					
THIS SECTION TO BE COMPLETED BY A LICENSED	MEDICAL DOC	TOR OF	R MENTAL HEAL	TH PROVIDER ONLY		
Maternity Requests		<u>Illness/Injury Requests</u>				
First Day Absent:/ (If absent prior to	F	or new irst Date	grants: Absent:/	<u>/</u>		
Reason:		Expected	Ending Date of A	Absence:/		
Delivery Date:/ (complete Delivery Type: □ vaginal □ c-section patient ha	only if r			date – additional days may be or unused days can be returned to the		
Ending Date of Absence:/ (Required if absent beyond the 6 week disability period for vaginal delivery		Illness/Injury (layman's language, please):				
or 8 week disability period for c-section)						
Reason:		For continuation grant requests only: A Doctor's note with extended dates is attached. □				
Physician's name, address, & telephone number must be	clearly printed o	or typed -	- <mark>Signature requi</mark>	red for initial grants.		
Physician's Name:	: Telephone: ()					
Physician's Signature	Date:					
THIS SECTION FOR SICK LEAVE BANK USE ONLY						
SLB Committee Approval?		Huma	un Resources Repre	sentative Approval:		

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Please complete the top section of this form and give to your attending physician. The completed form should be returned to:

Department of Human Resources

Attn: Sick Leave Bank – Confidential

125 North Court Street

Westminster, MD 21157

FAX: (410) 751-3139

Email: shrauen@carrollk12.org

The form <u>must</u> be signed by a physician, <u>not</u> a nurse practitioner or physician's assistant. Grant forms for employees with a mental health diagnosis <u>must</u> be signed by a licensed mental health clinician (psychiatrist, psychologist, licensed clinical social worker, etc.). For continuation grant requests, you may attach a doctor's note with the extended date in lieu of the form being completed by a physician.

Maternity grant requests will grant days (after the waiting period) during the maternity period of 6 weeks from the baby's date of birth for a vaginal delivery or 8 weeks for a c-section delivery. Any days beyond the 6 or 8 week period requires the physician to specifically state the medical reason for the extension.

The Sick Leave Bank Approval Committee approves grants once ach pay period. If your absence will extend beyond the date approved by the Committee, you may apply for additional days. Days are not granted for non-work days. If an inclement weather closure should occur during your grant, a granted day will not be used.

A completed copy of this form will be returned to you once the approval or denial is made by the Sick Leave Bank Approval Committee. The completed copy of the form will indicate the applicable waiting period and the dates approved. If you do not have enough leave to cover the waiting period, your pay will be docked. Please reference the check message posted on the Employee Access Center or call Payroll at (410) 751-3050 for any docked pay calculations questions.