

**CERTIFIED SPECIAL COLLECTIONS APPLICATION**[Print Form](#)

Payroll and Benefits
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9200 || F: (907) 761-4076

SPECIAL COLLECTIONS APPLICATION - Part A - Applicant Requested number of days: _____

LAST NAME FIRST NAME WORK PHONE

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MAILING ADDRESS HOME PHONE JOB TITLE/LOCATION

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Have you exhausted your sick and personal leave? Yes _____ No _____

Explain the care you will be providing:

Applicant's designee for collection of approved Special Collection days: _____

Designee phone number: _____

Applicant's Signature

Date

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Part B: To be completed by Physician

Patient's Name

Patient's Relationship to Applicant

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Medical Diagnosis

ICDM.9 Code:

Treatment Plan: (Explain in detail regiment of treatment prescribed, nature and duration of treatment, and prognosis)

Date condition commenced: _____

Probable duration of condition: _____

Is employee needed to care for family member? Yes _____ No _____

Estimate the period of time care is needed or the employee's presence would be beneficial: _____

Physician Signature

Title

Phone Number

Date

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INCOMPLETE INFORMATION WILL LEAD TO THE DENIAL OF THE SPECIAL COLLECTIONS APPLICATION

Revised: April 2017

REV: 05/03/2021