

**CERTIFIED SICK LEAVE BANK 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

SICK LEAVE BANK APPLICATION - Part A: Applicant

<input type="checkbox"/> Sick Leave Request <input type="checkbox"/> Catastrophic Leave Request LAST NAME	<input type="text"/> Number of days requested. <input type="text"/> Number of yrs. working in District FIRST NAME	Period of absence: _____ to _____ WORK PHONE _____

MAILING ADDRESS	HOME PHONE	JOB TITLE/LOCATION

Have you been off work at least five (5) consecutive working days? Yes _____ No _____	Remaining Personal Leave _____ days.
Have you exhausted all your sick leave? Yes _____ No _____	
Is this a job related illness? Yes _____ No _____	Remaining Sick Leave _____ days.
Have you previously applied for a withdrawal? Yes _____ No _____ Date(s): _____	
Outline your need for this request:	

INCLUDE ADDITIONAL SHEETS IF NECESSARY. Applicant's Signature

Date

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Part B: To be completed by Physician

Beginning date of illness: _____ Date patient is able to return to work: _____

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Medical Diagnosis (Diagnosis of emotional or mental illness must be completed by a psychiatrist)

ICDM.9 Code

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

Is employee able to perform work of any kind? Yes _____ No _____ If yes, explain: _____

Is in-patient hospitalization required? Yes _____ No _____ If no, explain: _____

Is prescribed treatment/surgery urgent-emergent? Yes _____ No _____ If no, explain: _____

Physician Signature	Title	Phone Number	Date

INCOMPLETE INFORMATION WILL LEAD TO THE DENIAL OF THE SICK LEAVE BANK APPLICATION

Revised: September 2009

REV: 05/03/2021