

VOLUSIA COUNTY SCHOOLS  
APPLICATION FOR SICK LEAVE BANK DAYS

CHECK ONE: AFSCME  NON-BARGAINING  VESA  VTO

EMPLOYEE INFORMATION- COMPLETE AND RETURN TO BANK ADMINISTRATOR WITH PHYSICIAN'S STATEMENT	
Applicant: _____	Date Submitted: _____
Address: _____	Last four digits of Social Sec. #: _____
City, St., Zip _____	Work Location: _____
Home Phone: _____	Position: _____
Sick Bank Member: <input type="checkbox"/> Yes <input type="checkbox"/> No    Date of injury or initial diagnosis: _____	
First day of absence due to illness or injury as it relates to this request _____	
Is this claim for Workman's Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes - date of injury: _____	
Will you be requesting payment through your disability insurance for this illness or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b><u>PHYSICIAN'S SIGNED STATEMENT IS REQUIRED WITH THIS APPLICATION AND MUST INCLUDE: DIAGNOSIS, DATE OF DIAGNOSIS, AND ESTIMATED RETURN TO WORK DATE</u></b>	
I hereby authorize any physician, hospital, pharmacy, insurance company, employer, or organization to release any information regarding the medical history, treatment, disability or benefits payable for this claim to the School Board of Volusia County. (A copy of this authorization shall be as valid as the original)	
_____ Applicant Signature	_____ Date

DISTRICT ADMINISTRATION PAYROLL OFFICE VERIFICATION		
Date application received in Payroll: _____		/ /
Member of sick bank: <input type="checkbox"/> Yes <input type="checkbox"/> No    Since: _____		/ /
Balance of sick leave days credited as of: _____		/ /
All of employee's sick leave has been used: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
After leave balance is adjusted for <i>earned</i> time, leave will expire on: _____		/ /
Summary of employee's sick leave is attached: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee is eligible for other type of leave: <input type="checkbox"/> Yes <input type="checkbox"/> No; Type of leave _____		
Sick Bank Balance prior to this request: _____	Hours	Days
Authorized Signature: _____	Date: _____	

SICK LEAVE BANK COMMITTEE DISPOSITION		
Date Received: / /	Date Action Taken: / /	Effective Date: / /
<input type="checkbox"/> Denied	<input type="checkbox"/> Approved _____ Bank days	
	<input type="checkbox"/> Approved    Donated time: <input type="checkbox"/> Only <input type="checkbox"/> In addition to Bank days	
Comments: _____		
_____ Authorized Signature	_____ Date	
_____ Authorized Signature	_____ Date	