**SICK LEAVE BANK APPLIATION CHECKLIST**

For your assistance, the HCEA - Educational Support Professionals Sick Leave Bank Committee suggests that you use this checklist to ensure that all parts of your application are completed fully and accurately.

PAGE ONE – Request Form

* Completed social security number, full name, home address and work location.
* Form signed and dated by applicant.
* Dates of duty days to be covered must have a from and through date. If unsure of exact dates, contact Payroll Department.
* Number of duty days requested does not exceed 30.
* Checked appropriate box for type of grant.
* Checked appropriate boxes for Workers’ Compensation information (if applicable).
* School administrator filled out first day of absence, certified that employee has/has not returned to work and included signature.

PAGE TWO – Physician’s Statement

* Applicant completed full name and home address.
* Form signed and dated by applicant.
* Included designated physician’s name, address and telephone number.
* Physician completed medical statement, in lay terms with as much explanation as possible of medical diagnosis and treatment plan.
* Estimated or actual delivery date included (if maternity).
* Physician has checked catastrophic or incapacitation box.
* Physician has checked box if condition is a permanent disability.
* Physician completed “under my care and disabled” with actual from and through dates, even if dates are estimated.
* Physician signs and dates form.
* Physician fills in name and telephone number.

NOTE: Until HCEA receives BOTH pages (originals) of the application, the Sick Leave Bank Committee cannot act. The applicant bears the responsibility for the completion and delivery of forms.