

New Paltz Central School District
Application for Days from the Sick Leave Bank

Please provide the following information, which will be used to process your request for days from the Sick Leave Bank. Additional information may be requested before a determination is made. As per the M.O.A. for the Sick Leave Bank, claims shall be subject to a review after 60 days. The annual cap for withdrawal per person is set at 165 days. Applications must be complete in order to be reviewed by the committee.

TO BE FILLED OUT BY EMPLOYEE:

Name: _____ **Position/Building:** _____

Address: _____

Phone Number _____ **Email Address** _____ (optional)

I am a member of the New Paltz Central School District Sick Bank and now request _____ days for my own
(Number)
use because my accumulated sick leave days have (or will) be exhausted. Please calculate the number of days requested based on information verified below from the District Office.

Date of onset of illness or accident: _____

Date accrued sick leave days will be exhausted*: _____

(*Please verify this date with the District Office prior to applying)

I hereby certify that statements herein are accurate to the best of my knowledge.

Signature of the Applicant or Designee

Date

TO BE FILLED OUT BY PHYSICIAN:

Physician's Name: _____

Physician's Address: _____

Physician's Phone Number: _____

Fax number: _____ **Email:** _____

Does the employee have a medical condition, illness or injury that will require him or her to miss work? _____

Will the employee's medical condition, illness or injury prevent the employee from performing the essential functions of his or her job? _____

If yes, please specify employee's limitations due to the above medical condition:

I certify that it is medically necessary for the above person to be out of work from _____ to _____
(Date) (Date)

due to the following medical condition _____

I expect that the above person will be medically able to return to work on _____.
(Return date)

Signature of NYS Licensed Physician

Date

Please send this application and documentation to the Sick Bank Chairperson: The New Paltz Middle School, 196 Main Street, New Paltz, NY 12561 in a sealed envelope marked "Confidential," Attention: Kim Sturgis