

Midway Independent School District
Sick Leave Bank Enrollment Form

I have read the rules and regulations concerning the Sick Leave Bank and desire to participate by donating to the Bank the required number of days as stated in the guidelines. I understand that these days, once donated to the Bank to become a member, will be subtracted from my balance this year.

My authorization to place days in the Sick Leave Bank and to delete them from my available balance is verified by my signature below:

Employee: _____

Date: _____

School/Department: _____

Position: _____

Years employed by Midway ISD: _____

Date of Employment: _____

____ Already a member

____ Yes, I want to be a member

____ Not interested in participating

Signature _____

For professional and paraprofessional employees:

I wish to donate three days to the Sick Leave Bank to become a member. I authorize the donation of the following days from my available balance.

Note: You will automatically be charged 3 LOCAL DEDUCT days unless you request otherwise.

If you choose something other than the 3 local deduct days, indicate the number of days from the category/categories of your choice to total 3. You must have the days available in your current balance to donate.

Local Days

Deduct

Non deduct

State Days

State Sick

State Personal

Signature _____

Employee ID Number _____

For hourly wage employees:

I wish to donate two days of state sick days to become a member of the Sick Leave Bank. You must have the days available in your current balance to donate.

Signature _____

Employee ID Number _____

Midway Independent School District
Request for Sick Leave Days

Name _____ Social Security No. _____ Date _____
Position/Assignment _____ School/Department _____
Year Employed by Midway ISD _____ Years _____ Months _____
Number Days Absent Current School Year _____

Reason for Requesting Sick Leave Bank Days

I have used all of my available state and local sick leave days for this year.

Number of days requested from Sick Leave Bank _____

Sick Leave Bank days should begin _____
Month Day Year

The days requested above are needed for the reason of personal illness or injury as described:

IMPORTANT: Members of the sick leave bank who receive days must donate the required number of days at the beginning of the next school year.

PLEASE COMPLETE AND RETURN TO THE HUMAN RESOURCES OFFICE

FOR PERSONNEL USE ONLY
Member: _____ Yes _____ No _____
Date Joined SLB _____

Midway Independent School District
Attending Physician's Statement

Patient Name: _____ Date: _____

Nature of illness or injury: _____

Treatment for this injury/illness _____ may _____ may not be delayed until the end of the current school year.

Date of treatment: _____

Hospitalization date, if any: _____

Date admitted

Date discharged

Name of hospital Address of hospital

Is the patient still in your care? Yes _____ No _____

How long will your patient be unable to work? _____

Probable date patient can return to work: _____

Signature of physician
name

Type or print physician's