



NEISD CATASTROPHIC SICK LEAVE BANK APPLICATION (FOR MEMBERS ONLY)

Employee Name _____ Social Security _____

Address: _____ Phone#: (____) _____

Job Title: _____ (Zip) _____
Campus/Dept.: _____

Reason for requesting Sick Leave Bank days:

- Personal illness/injury*
- Illness/injury of immediate family member*
- Bereavement for immediate family member

(Dependent Name)	(Relationship)	(SSN)	(Date of Birth/Date of Death)
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Date employee was last actively at work: _____

Employee absent from work five consecutive days or more? ____ Yes ____ No ____ (N/A)

Date employee **expected** to return to work: _____

In your own words, describe the nature of illness/injury: _____

Date illness/injury occurred: _____

Is illness/injury preexisting (6 months prior to Sick Leave Bank membership date)? ____ Yes ____ No ____ (N/A)

Date physician **first** consulted for this illness/injury: _____

Did illness/injury require an inpatient hospital stay? ____ Yes ____ No ____ (N/A)**

Name of attending physician(s): _____

Will this claim be filed under Workers' Compensation? ____ Yes ____ No ____ (N/A)

*If yes, as stated in the Sick Leave Bank Handbook: Sick leave days from the Bank **may** be granted for a catastrophic illness/injury as long as days are not covered under the Workers' Compensation Program.*

Number of days requesting from the Sick Leave Bank: _____

I acknowledge all statements provided on this application are true to the best of my knowledge, and I authorize the release of my medical records to the Sick Leave Bank Executive Officer.

Signature _____ Date _____

*Physician's statement must also be submitted.

**Hospital is defined as an institution which is primarily engaged in providing on an inpatient basis facilities for the diagnosis, treatment, and care of sick and injured persons, under the supervision of a staff of physicians which continuously provide 24 hour nursing service by a staff of registered graduate nurses.

(This form must be filled out in its entirety or it will be returned for further clarification, and could delay possible granting of Sick Leave Bank days.)

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(FOR MEMBERS ONLY)

Instructions for NEISD Employee

1. Application must be filled out in its entirety. Please print or type all information. Incomplete applications may be returned for further clarification and will delay possible Catastrophic Sick Leave Bank days.
2. Physician's Statement can be sent directly to the Employee Benefits Office or can be attached to your Catastrophic Sick Leave Bank application. However, your application will not be processed until the Employee Benefits Office receives the Physician's Statement.
3. Forms may be faxed to 804-7236. However, the Employee Benefits Office will not finalize any applications until all ORIGINAL documents are received.
4. Forms can be mailed directly to:

North East ISD
Catastrophic Sick Leave Bank Executive Officer
8961 Tesoro Drive, Suite 209
San Antonio, TX 78217
5. If you have any questions regarding your application or status please contact Elizabeth Sanchez, Executive Officer for certified employees at 804-7231, ext. 350 or Lety Hernandez, Executive Officer for classified employees at 804-7231, ext. 349.