



Employee Sick Bank Request for Days

(Please fill out the following as completely as possible. All information provided on this form is confidential and will be used only for Sick Bank purposes and not shared with any other persons or organizations. Completion of this form in its entirety is not required; however, any decisions made by the Sick Bank Board will be based upon the information provided below.)

Employee ID:	Date of Employment:	Sick Leave Balance at time of application:
Position Held at CSD: <i>(ex. teacher, assistant, custodian, etc.)</i>		
Please describe in detail the nature of your disability that prevents you from working:		
Have you been hospitalized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, dates of hospitalization(s)?
Are you presently under the care of a physician?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If you have any supporting documentation from this physician regarding your condition, please include a copy with your application.</i>
Please describe your regular job duties at CSD:		
How has your disability prevented you from performing your regular job duties?		
Are you currently taking any medications that would prevent you from being able to perform job-related activities? Please explain:		
Are you able to do any of the following? <i>If you answer "No", please explain</i>		
Drive	<input type="checkbox"/> Yes <input type="checkbox"/> No:	_____
Walk	<input type="checkbox"/> Yes <input type="checkbox"/> No:	_____
Sit	<input type="checkbox"/> Yes <input type="checkbox"/> No:	_____
Stand	<input type="checkbox"/> Yes <input type="checkbox"/> No:	_____
Bend/Reach	<input type="checkbox"/> Yes <input type="checkbox"/> No:	_____
Write	<input type="checkbox"/> Yes <input type="checkbox"/> No:	_____
Use a computer	<input type="checkbox"/> Yes <input type="checkbox"/> No:	_____
Do you anticipate being able to return to your regular job or has your condition caused you to possibly become permanently disabled or pursue another line of work?		
How has your condition impacted your home life and your ability to perform day-to-day tasks with regard to caring for your family and yourself?		
Is there any other information you would like to provide to the Sick Bank Board to further clarify your medical condition? <i>(Continue on back of page if necessary)</i>		