



SICK LEAVE BANK APPLICATION FORM



345 NE 8th Avenue
Portland, OR 97232
Phone: 503-231-5018
Fax: 503-236-5255

501 N. Dixon Street
Portland, OR 97227
Phone: 503-916-3544
Fax: 503-916-3107

NAME: _____
Last First Initial

ESTIMATED NO. OF DAYS: _____

DATES REQUESTED: _____

EMPLOYEE I.D. NUMBER: _____

WORK SITE: _____

ASSIGNMENT: _____

SUPERVISOR: _____

HOME ADDRESS: _____

PHONE: _____

_____ City State

_____ Zip Code

NAME OF PERSON TO CONTACT IN EMERGENCY: _____

PHONE: _____

NAME OF ATTENDING PHYSICIAN: _____

PHONE: _____

PLEASE CHECK THE FOLLOWING:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. I anticipate exhausting all available sick leave days. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have an extended/recurring illness/injury. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I am under a physician's care. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. My illness/injury is work related. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I will not receive disability benefits while I am covered by Sick Leave Bank hours. | <input type="checkbox"/> | <input type="checkbox"/> |

I certify that the above information is true to the best of my knowledge.

Signature of Employee or Guardian

Date

PLEASE ATTACH:

- Physician's statement outlining nature of illness/injury, prognosis, projected period of Incapacitation.
- Portland Public Schools' Form, Application for Leave of Absence

REQUEST SHOULD BE SUBMITTED TO:
PPS, HUMAN RESOURCES, 501 N. DIXON ST, PORTLAND, OR, 97227-1871

APPROVAL: _____ hours maximum granted. If physician releases employee to return to work earlier, remainder of time reverts to Sick Leave Bank.

Human Resources Department

Date

Portland Association of Teachers

Date

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