

LEWISVILLE ISD SICK LEAVE BANK BENEFITS

EMPLOYEE'S PERSONAL ILLNESS/INJURY APPLICATION

EMPLOYEE INFORMATION

Name: _____ Employee ID#: _____

Campus/Location: _____ Position: _____

Date of first absence: _____ Expected Return to Work Date: _____

☐ Employee's Personal Injury/Illness (Specify medical condition) _____

I am applying for Sick Leave Bank benefits and authorize the physician named below to release information concerning this injury/illness and my related absences to the Lewisville Independent School District Sick Leave Bank representative.

Name of Physician: _____ Phone #: _____ Fax #: _____

Employee Signature: _____ Phone #: _____ Date: _____

Family Signature (if employee is unable to sign): _____ Relationship _____

Apply ASAP to avoid any pay disruption. Bylaws state you have 60 calendar days from the first eligible SLB absence to apply for benefits.

PHYSICIAN INFORMATION

For all injuries/illness: **DIAGNOSIS and ICD-10-CM CODE:** _____

Date of earliest treatment/diagnosis: _____

Could recommended treatment be scheduled during the summer break without being detrimental to the patient's health? ☐ Yes ☐ No

Was or will the employee be hospitalized? ☐ Yes ☐ No If yes, how long? _____

Anticipated treatments or therapies (include type/date of surgery, if applicable): _____

Employee unable to work from _____ through _____

Physician's Signature: _____ Date: _____ Physician's Stamp Required: _____

FOR DISTRICT USE ONLY

Eligible member? _____ Eligible absence? _____ 10 consecutive days of absence for personal injury/illness? _____

Number of SLB days used this school year: _____ (max 25). Number of SLB days used during lifetime? _____ (max 100).

of Eligible Absences _____ less # of Sick/Personal Days available _____ = # SLB Days available _____

☐ Approved by SLB Board - Number of Days: _____

☐ Not approved or deferred – reason: _____

Signature of Bank Officer: _____ Date: _____

Return all information to: Lewisville ISD Administrative Center, Benefits Office Attn: Sick Leave Bank
Email: Rosasa@lisd.net Office: 469-948-8103 Fax: 972-350-9359 PO Box 217 Lewisville, Texas 75067