

Snake River School District #52

PERSONNEL

5400F2

Classified Employee Request for Sick Leave Bank—Physician’s Statement

PATIENT’S NAME:

PHYSICIAN - *Thank you for taking the time to give us the details.*

The above named patient has requested Sick Leave Bank days from Snake River School District #52. Your statement will enable the bank committee to determine eligibility for benefits. Regulations require that the applicant exhaust all of his/her regular sick leave before applying for additional days from the bank. Your statement should explain to the committee (in detail) why the applicant is unable to return to work. The information should include the day when the patient may return to work.

I. Diagnosis: _____

II. Impact of work on conditions: _____

III. Date of return to work: _____

Signature

Date

Printed Name: _____

Address: _____

Phone Number: _____

Please return this form to: Sick Leave Bank Committee
Snake River School District #52
103 South 900 West
Blackfoot, Idaho 83221