



SICK LEAVE BANK APPLICATION

Return Original Application To: Gallup McKinley County Schools
Personnel Office – Sick Leave Bank
ATTN: Jani Nail
P.O. Box 1318
Gallup, NM 87305

You may send this application through interoffice mail or hand deliver it to Jani Nail in the Personnel Office. **The Sick Leave Bank Committee meets at 9:30am on the Second Friday of each month.** Completed applications must be submitted to Jani in Personnel by **5:00pm the Thursday before the scheduled the Sick Leave Bank Committee meeting.** Eligible conditions must meet the definition of catastrophic illness or injury as defined by and presented in the Sick Leave Bank Policy and Procedures. ***Alteration or falsification*** of information on either this application or the Physician's Statement ***could result in termination of benefits and disenrollment from the Sick Leave Bank.***

Date: _____ Your Position/Title: _____

Name: _____

Mailing Address: _____

Telephone: Home _____ Cell: _____ Work: _____

School/Work Location: _____

Principal/Supervisor: _____

Last Day Worked _____ Number of days you are requesting: _____

Nature of Illness: _____

Is this work related: Yes No

Is Surgery Required? Yes No

Date of onset of current illness: _____

Have you requested Sick Leave Bank benefits for this condition previously? Yes No

Have you received Sick Leave Bank benefits previously for an unrelated condition? Yes No If Yes, when: _____

Physician's Name _____ Physician's Number: _____

(Attached Sick Leave Bank Physician's Statement must be signed with number of days specifically noted)

I agree to abide by the terms of the Sick Leave Bank Policy and Procedures. I understand the Sick Leave Bank Committee decisions are final and are not subject to a grievance procedure. I further understand that the Sick Leave Bank has been formed by the voluntary contribution of accrued sick leave days by employees for employees and as such I waive any right to seek redress for any claim, real or imagined, against the Gallup McKinley County School District.

Applicant's Signature: _____ Date: _____