



# SICK LEAVE BANK PHYSICIAN'S STATEMENT

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

Patient's Name: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

I authorize \_\_\_\_\_ to release all record's, including but not limited to medical and/or psychological records  
Related to this claim to the GMCS Sick Leave Bank Committee members if necessary

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MEMO TO PHYSICIAN:

The employee requesting this statement is applying to the Gallup McKinley County School's Sick Leave Bank, a program which is made possible by the voluntary contribution of accrued sick leave days by employees for employees. Paid sick leave days from the Sick Leave Bank are available to SLB members who have exhausted all accumulated leave and are experiencing a serious/catastrophic illness or injury.

Please provide the Sick Leave Bank all of the information requested. If more space is needed, please attach documents to this statement. An incomplete statement will either delay processing or cause the denial of the employee's application which will result in a "docking" or "stop pay" situation as the employee has exhausted all paid leave. Please print your entries. Thank you for your cooperation.

Date Medical Condition Began: \_\_\_\_\_

DIAGNOSIS AND NATURE OF ILLNESS: \_\_\_\_\_

PROGNOSIS: \_\_\_\_\_

Have you treated the patient previously for this condition? YES NO

Return to Work date: \_\_\_\_\_  
(must be a specific date or the days approved may differ from the dates needed)

Will patient be return to work on the ending date with no limitations and be considered Fit For Duty? YES NO

Projected Date patient will be able to return with No Limitations: \_\_\_\_\_

Please Circle One: **PHYSICIAN** **PSYCHIATRIST** **LICENSED CLINICAL PSYCHOLOGIST**

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date