

Okeechobee County School Board

Employees Sick Leave Bank Program
Withdrawal Application

Name _____ Work Location _____

Date _____

I am requesting to withdraw days from the sick leave bank due to the illness or injury described: _____

Please check the following basic eligibility criteria:

- 1. I am a participating member who has contributed to the Employees Sick Leave Bank Program. Yes No
- 2. I have exhausted all of my sick leave and vacation leave provided by the Okeechobee County School Board. Yes No
- 3. I have been absent without pay at least ten (10) consecutive work days as a result of the illness or injury described above. Yes No
- 4. I have attached a signed medical certificate from my physician verifying incapacitating illness or injury. Yes No

I am requesting a total of _____ days from the sick leave bank from the date: beginning _____ and ending _____.

Note: All days requested must be confined to the employees normal work year.

I have previously used _____ days from the sick leave bank.

The committee may request an opinion from a second doctor in making the determination to grant use of the sick leave bank. The cost of said second opinion shall be the responsibility of the applicant.

I hereby authorize any physician, hospital, pharmacy, insurance company, employer, or organization to release any information regarding the medical history, treatment, disability, or benefits payable for this claim to the Okeechobee County School Sick Leave Bank Program.

In addition to the above authorization, my signature verifies that all the information given above is true and correct to the best of my knowledge.

Signature of Employee or Designated Guardian Date