

Royal Oak Schools
APPLICATION FOR SICK BANK BENEFITS

Please type or print in blue/black ink and answer all questions

Applicant's Name: _____

Current Address: _____

Date you were first unable to work due to this illness: _____
(Per submitted medical and/or FMLA documentation on file with HR Benefit Coordinator)

How many of your sick days will you use due to this illness:

Number of Days: _____ Dates: _____

Approximate number of days you are requesting:

Number: _____ (up to 25 days ROEA / up to 20 days ROESA)

Dates: _____

PHYSICIAN'S STATEMENT: The Certification of Healthcare Provider statement must be submitted to the HR Benefits Coordinator confirming this disability and outlining the need to be absent from work as designated above.

I HEREBY AUTHORIZE THE PHYSICIAN TO RELEASE TO THE SICK LEAVE BANK COMMITTEE ANY INFORMATION REQUESTED WITH RESPECT TO THIS CLAIM. I CERTIFY INFORMATION REQUESTED BY ME IN SUPPORT OF THIS CLAIM IS TRUE AND CORRECT. I UNDERSTAND THAT THIS INFORMATION WILL BE RELEASED TO THE MEMBERS OF THE JOINT COMMITTEE FOR THE PURPOSE OF REVIEWING THIS REQUEST.

Date: _____ Signed: _____

Date: _____ # of Days Approved: _____

Approved: _____
Patrick Wolynski, Executive Director Staff and Students

Copy to Payroll, Account Number: _____