

Deer Park ISD Application for Sick Leave Bank Days

Name _____ SSN _____

Campus/Location _____

Injury/Illness causing the absences _____

I am applying for Sick Leave Bank benefits and authorize the physician named below to release information on this illness/injury and absences to the Deer Park Independent School District.

Physician _____ Phone _____

Employee Signature _____

Principal Signature _____

**Apply as soon as possible (within 30 days) to avoid pay disruption or benefit loss.
Eligibility is not determined until doctor's statement is received.**

This section to be completed by attending physician:

Earliest treatment or diagnosis date (to the best of your knowledge) _____

Related pre-existing conditions _____

For all surgeries: Could recommended surgery be scheduled during extended school breaks such as summer or winter break without being detrimental to this patient's health?

Yes _____ No _____

Anticipated treatments/therapy after initial release for work: _____

This patient was (will be) unable to work from _____ through _____

Physician's signature _____ **Date** _____

Return to Deer Park ISD, c/o Peaches McCroskey, 203 Ivy, Deer Park, TX or fax 832-668-7017