



WYLIE INDEPENDENT SCHOOL DISTRICT
SICK LEAVE BANK
REQUEST FOR SICK LEAVE BANK DAYS

REASON FOR REQUESTING SICK LEAVE BANK DAYS:

I have (or will have) used all of my available personal leave days and extended sick leave days prior to the full duty return to work date.

Number of days requesting from the Bank: (year maximum limit = 40 days) _____

Sick Leave Bank Days should begin on the date of: _____

The above requested days are needed for the reason of extended illness, injury or surgery as described:

Patient: _____ Relationship to Employee: _____

Description of Illness and/or injury: (a statement from your physician should be attached to this document)

EMPLOYEE: _____ DATE: _____
(Printed Name)

EMPLOYEE SIGNATURE: _____

CAMPUS/DEPARTMENT: _____ POSITION: _____

(Office Use Only)

Hire Date: _____ SLB Join Date: _____

FMLA Eligible? Yes No Days Used: _____ Eligible for Temporary Disability Leave Yes No

Eligible for Extended Sick Leave No 15 Days 30 Days

Human Resources Signature: _____ Date: _____

Please return this form to:

Human Resources

Leave@wylieisd.net



WYLIE INDEPENDENT SCHOOL DISTRICT
SICK LEAVE BANK
ATTENDING PHYSICIAN STATEMENT

PATIENT NAME: _____

Nature of Illness or injury:

To your knowledge, what is the earliest date this patient was treated for this condition? _____

Treatment Date(s): _____

Is this patient currently under your care? Yes No

Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? Yes No

If yes, estimate the beginning and ending dates for the period of incapacity: _____

Give date(s) of hospitalization, if any, and the name and address of hospital:

_____ Date Admitted _____ Date Discharged

_____ Hospital Name _____ Hospital Address

PHYSICIAN SIGNATURE: _____

DATE: _____

PHYSICIAN CONTACT INFORMATION: _____

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