

**SUMTER COUNTY SCHOOL DISTRICT
APPLICATION FOR SHARED SICK LEAVE**

PS-215-A
9/13

Office of Human Resources
2680 West County Road 476
Bushnell, FL 33513
(352)793-2315

Part I – To be completed by the employee requesting donation of sick leave days

PLEASE PRINT OR TYPE - ALL FIELDS MUST BE COMPLETED

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| Name: | Job Title: |
| School or Department: | Employee ID Number: |
| <p>I understand that I may be eligible to receive shared sick leave donations if all the conditions below apply:</p> <ol style="list-style-type: none"> 1. I am requesting shared sick leave due to an illness, accident, or injury. 2. I need a minimum of fifteen (15) days. 3. I have exhausted, or expect to exhaust, all of my accumulated sick leave and Sick Leave Bank days awarded, if any, to be eligible to use sick leave accrued by the donor. 4. I have not received less than an “Effective” rating on attendance and punctuality in the current or previous three evaluations may not be eligible to receive a donation of sick leave days. <p><u>Please note:</u> Shared sick leave cannot be used for common or minor medical conditions, normal pregnancies, chemical dependency or alcoholism, or a job related illness or injury that is covered by Workers’ Compensation. All donors must retain at least ten (10) days of sick leave. Donations must be made in full workday increments, converted to hours and allocated to the recipient in the order in which it was donated. Any donated sick leave that remains unused after the recipient either returns to duty or is terminated from employment will be returned to the donor(s) from whom it came. The maximum number of days that may be received under this program shall not exceed sixty (60) days per contract year.</p> | |
| <p>The probable duration of my medical leave of absence is from _____ to _____</p> <p>I project that my accumulated leave shall be exhausted on _____</p> <p>I am requesting _____ days of shared sick leave.</p> | |
| <p>Describe reason for request (Please attach additional documentation, if needed):</p> <p>The above reason for the request must be verified by the treating physician.</p> | |
| <p>I understand that in applying for shared sick leave donations, I agree to have the treating physician document the medical information requested in Part II of the Application. I understand that I may revoke this authorization by notifying the Payroll Department in writing and that the revocation will be effective as of the date of the request.</p> <p>By signing below I attest that the information I have provided is truthful and accurate and that I have read, understood, and agreed to the above provisions of the Sumter County School Board Shared Sick Leave procedures.</p> | |
| Employee Signature: _____ | Date: _____ |
| Patient’s Signature: _____ | Date: _____ |

**SUMTER COUNTY SCHOOL BOARD
APPLICATION FOR SHARED SICK LEAVE**

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| PS-215-B 9/13 |
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Part II - To be completed by the PHYSICIAN: (See patient release at the bottom of Part I)

The covered employee named in PART I has requested shared sick leave through the Shared Sick Leave Program established by Sumter County School Board. Our employee is requesting that **the physician** complete the following medical certification so that his/her request may be reviewed.

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|---|---|
| Patient's Name: | Most recent date of examination related to this application: |
| The patient is/was: <input type="checkbox"/> Under my professional care for this injury/illness: FROM _____ TO _____ | |
| The period of time the patient is expected to be incapacitated: FROM _____ TO _____ | |
| Anticipated duration our employee will be unable to work due to the illness, accident or injury of the patient: FROM _____ TO _____ | |
| Please note: You must include a probable end date of the employee's inability to work due to the medical condition or this request cannot be considered. | |
| Describe the specific diagnosis and treatment of the illness/injury related to this request. (Please attach relevant medical documentation): | |
| PHYSICIAN'S NAME: _____ <div style="text-align: center; margin-left: 200px;">Please Print</div> | |
| Signature: _____ | Phone: _____ |
| Address: _____ | Date: _____ |