

OTSEGO NORTHERN CATSKILLS BOCES

Application for Use of Sick Leave Bank

SEND COMPLETED FORM TO:

**Sick Leave Bank, Board of Directors
c/o Human Resources
Otsego Northern Catskills BOCES,
PO Box 382, 2020 Jump Brook Road
Grand Gorge, NY 12434**

EMPLOYEE SECTION:

Name:	Position:
Address:	Initial Start Date:
	Accumulated Sick Days:
Home Phone Number:	As of (Date): Sick Leave Exhausted Date:

Pursuant to the provisions of catastrophic illness leave procedures as established by the Sick bank Committee, I hereby request use of up to _____ days from the sick leave bank for the following period of time (fill in the dates) _____ to _____. These days are necessary due to the following facts as certified below by an attending physician.

Date: _____

Employee's Signature: _____

PHYSICIAN SECTION:

(Please complete the following section or attach a separate statement)

Diagnosis:	
Date of Surgery/Treatment/Injury:	Date Patient May Return to Work:
Number of Days required for treatment:	Number of Days required for convalescence:
Additional Information:	

Date: _____

Physicians's Signature: _____

SICK LEAVE BANK BOARD OF DIRECTORS SECTION:

Date Received by the Sick Bank Board: _____ Date reviewed by Board: _____

Action taken:

Date: _____

Signatures: _____
