

OTSEGO NORTHERN CATSKILLS BOCES
Application for Use of Sick Leave for Family Catastrophic Illness Leaves

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
 Fax: 607-588-7022

EMPLOYEE SECTION:

Name:	Position:
Address:	Initial Start Date:
	Accumulated Sick Days:
Home Phone Number:	As of (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 of my sick leave 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)*

Patients Name:	
Relationship of Patient to Employee:	
Diagnosis:	
Date of Surgery/Treatment/Injury:	
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: _____
