

Lapeer School District

Application For Compensation From L.E.A. Sick Leave Bank

Name: _____ Date: _____

Home Phone with area code: _____

Address: _____
 Street City Zip

Building: _____ Free Time: _____

First date of continuing illness: _____

List dates absent resulting from above illness:

Number of accumulated sick days as of the first date of continuing illness: _____

When payment is to begin from Sick Bank: _____

Applicant's brief history of illness or injury (attach additional pages if necessary):

I agree to abide by the Sick Bank Committee Policies and procedures, including, but not limited to, furnishing adequate medical information and a medical examination by a doctor or osteopath chosen by the L.E.A., as provided in the Policies of the Sick Bank Committee.

_____ Yes _____ No Are you receiving any supplemental compensation (salary replacement) from another source/insurance company?

If so, please explain. _____

Signature of Applicant