

Saugus Public Schools

SICK BANK FORM INSTRUCTIONS

1. Employee filing for Sick Bank must submit the following completed Sick Bank Request Form to the Superintendent's Office.
2. Physician completes Sick Bank Physician's Statement.

Send completed forms to:

Richard Langlois, Superintendent
Saugus Public Schools
23 Main St.
Saugus, MA 01906

Please Note

The Sick Bank Committee will only consider approval for sick bank days from the time that the request was received.

When requesting sick bank days for disability before the baby is born, your doctor **must** indicate your anticipated delivery date on the Sick Bank Physician's Statement. Days will only be counted up to this date.

Once the baby is born, you must have your doctor fill out a new Sick Bank Physician's Statement indicating the delivery date and mail to: Richard Langlois, Superintendent
Saugus Public Schools
23 Main St.
Saugus, MA 01906

The decision of the sick leave bank committee with respect to eligibility and entitlement shall be final and binding and not subject to appeal, (SEA Article XVIII, Section5H).

Saugus Public Schools

SICK BANK REQUEST FORM

Please forward the request to the Superintendent's Office.

Unit: Teacher () Clerical () Custodial () Aides () Non-Union ()

Name: _____ Date of Hire: _____

Address: _____ Home Phone: _____

School or Department: _____ School Phone: _____

REQUEST

Start Date*: _____ End Date: _____

Estimated Return to Work Date: _____ # Days requested: _____

Attending Physician: _____

I have attached my Physician's statement: yes () No ()

Comments: _____

* The Sick Bank Committee will only consider approval for sick bank days from the time that the request was received. FMLA leave will run concurrent with any disability.

Member Signature: _____ Date: _____

DECISION (for office use only)

Request Approved (): Number of Days Approved: _____ Dates beginning: _____ through _____

A Physician's statement has been received ()

SEA Article XVIII Section 5C. The initial grant of sick leave by the sick leave bank committee to an eligible employee shall not exceed fifteen (15) days. D. Upon completion of the initial fifteen (15) day grant period, the period of entitlement may be extended by the sick leave bank committee upon demonstration of need by the applicant

Comments:

School Committee Representative, Date

Union Representative, Date

Request Denied ():

Reason denied: _____

School Committee Representative, Date

Union Representative, Date

- ___ copy to Payroll
- ___ copy to Benefits
- ___ copy to Attendance
- ___ approval sent to member's home

Saugus Public School District

SICK BANK PHYSICIAN'S STATEMENT

TO BE COMPLETED BY PATIENT

Name: _____ Unit: _____

Address: _____ Home Phone: _____

School or Department: _____ School Phone: _____

The employee authorizes the physician to release medical documentation to the sick bank committee and/or Superintendent of Schools

Member Signature: _____ Date: _____

TO BE COMPLETED BY PHYSICIAN

Brief description of disability - if applicable, indicate due date and/or delivery date (layman's terms please):
Physician may attach additional Medical documentation as necessary

If pregnant, state anticipated delivery date: _____

If still disabled, date patient should be able to return to work: _____

Patient was under my care and unable to work beginning _____ through _____

Physician's Name (please print):

Business Phone:

Address:

Physician Signature: _____ Date: _____

PLEASE RETURN TO PATIENT FOR SUBMISSION WITH SICK BANK REQUEST FORM