



Sick Leave Bank Withdrawal Application Process

- ◇ Request the following forms by contacting Kim Van Etten, Risk Management at 352-726-1931 extension 2283:

Sick Leave Bank Withdrawal- Application

Sick Leave Bank Withdrawal-Physician's Statement

- ◇ The sick bank member completes Sick Leave Withdrawal Application
- ◇ The sick bank member completes the Medical Information Release on the Physician's statement
- ◇ The treating physician completes the Physician's Statement

Incomplete forms will be not be processed.

- ◇ The physician's office faxes the medical statement directly to Kim Van Etten at 352-249-2125 or it can be e-mailed to vanettenk@citrus.k12.fl.us

An updated physician's Statement must be completed for each additional 20 day request.

The completed application and physician's statement will be submitted by Risk Management to the Sick Leave Bank Committee for consideration.

Additional Information or clarification may be requested by the committee from the physician or sick leave bank member.

Prior to submitting your application, you must meet the following criteria:

All accrued leave sick/personal/vacation is exhausted_____

You will be out on unpaid medical leave for a minimum of 10 consecutive work days by order of a physician_____

The Risk Management Department will notify you of the committee's decision.

The purpose of the Sick Leave Bank is to provide eligible employees who have exhausted all of their accumulated paid leave and would otherwise be on unpaid leave status, the means of obtaining additional paid sick days upon proper approval. This leave is for personal catastrophic illness or injury. The Sick Leave Bank allows eligible employees time to be restored to health so that they may return to work. It is not the intent of the Sick Leave Bank to provide additional days off for elective surgery, or to be used in lieu of a health leave or prior to retirement or resignation.